



### Message From the President



**Chuck Wiggins, PhD**  
NAACCR President

We in New Mexico are honored to host the 2017 NAACCR Annual Conference in June, about 6 weeks from the publication date of this issue of the Narrative. The deadline for early/discounted registration is the end of April, so don't delay in getting signed-up.

I strongly encourage you to attend one or more of the pre- and post-conference workshops that are listed at the following URL: <https://www.naaccr.org/preliminary-program>. Here's a sampling of this year's offerings. The four-day course, **Cancer Survival: Principles, Methods, and Applications** is usually offered only in European venues. Why travel abroad when you can come to Albuquerque? Seriously, though, this is a terrific opportunity to attend this world-class course in conjunction with the NAACCR Annual Conference. We'll envision the **Registry of the Future** (ROF) in a one-day meeting on Monday, June 19. In the ROF conference, a series of informative lectures will set the stage for an interactive session in which we'll define goals, objectives, and timelines for several important initiatives that will help to define cancer registration in the coming years. **Cancer Surveillance: An Overview and Hands-On Experience** is designed to introduce students, researchers, and other interested parties to the methods and uses of cancer surveillance data. Issues regarding survey research and patient recruitment for scientific investigations will be covered in **How Did You Get My Name? Conducting Survey Research in Central Cancer Registries and Optimizing Recruitment**. There will also be several workshops that will focus on software projects, including SEER\*Stat and METRIC, that are terrific tools for the analysis of cancer surveillance data.

We look forward to seeing you in Albuquerque.

### Message From the Executive Director



**Betsy A. Kohler, MPH, CTR**  
NAACCR Executive Director  
[bkohler@naaccr.org](mailto:bkohler@naaccr.org)

NAACCR on the Move

For the first time, I went to visit the offices of my US Representative and Senator in Washington, DC. Along with Recinda Sherman and Jim Hofferkamp of the NAACCR office and hundreds of cancer registrars from across the country, I participated in the NCRA-sponsored Walk on the Hill 2017. NCRA provided us with training, gave us talking points and informational materials, hired a bus and took us to the Hill. NCRA did all the hard work. Talking about the importance of cancer surveillance was the easy part!

In light of the proposed budget cuts, this effort takes on special importance. NAACCR is looking at ways to communicate with legislators about the work we do to support cancer surveillance and cancer research and the importance of increased funding. We understand that many of you are reluctant or prohibited from speaking to legislators about funding issues. However, we are looking for ways to make our collective voices heard, and to provide you with tools to participate in various ways. Remember you may always participate in educating your representatives about what cancer surveillance is and what you do.

Look for a new addition to the NAACCR Annual Conference—Rise and Shine: Speaking Up! Advocacy for the Cancer Surveillance Community on Wednesday June 21 at 7am. Lori Swain will be on hand to talk about NCRA's role in advocacy past and present. We will also discuss ideas for making our voices stronger in this new environment.

**Highlights From the Program Manager of Standards**

*Lori A. Havener, CTR*

*Program Manager of Standards, NAACCR*

**Standards Volume II, Version 18:**

The release of NAACCR Standards Volume II, Version 18 is delayed. There are many new data items that will be added for the implementation of AJCC Cancer Staging Manual, 8th Edition. The NAACCR Site Specific Data Item Task Force is assiduously working to finalize the new data item requests for the biomarkers/prognostic factors. The UDS Work Group has convened meetings in addition to their monthly meetings to expedite the Standards Volume II process. The timeline below reflects what we hope to achieve for the release of Standards Volume II, Version 18. Please note that this is an ambitious timeline and is dependent on other factors.

Standards Volume II, Version 18 Updated Timeline	
All new data items requests submitted to UDS.	May 1, 2017
UDS final review of Standards Volume II, Version 18.	July 25, 2017
Draft submitted to NAACCR Board for review/approval	August 1, 2017
Post to NAACCR website	September 1, 2017
Version 18 Implementation	January 1, 2018

**2018 Implementations and Timelines:**

NAACCR and the standard setting agencies developed the 2018 Implementations and Timelines document that includes the timelines for the 2018 implementation of:

- Standards Volume II, Version 18
- New and revised histology terms and/or codes
- SEER Summary Stage 2018
- SEER EOD 2018
- MP/H Rules (solid tumor manual)
- EDITS
- 2018 Implementation Guidelines

All agencies are diligently working to meet the deadlines in the timeline. Please note that there are dependencies in the timeline and if something is delayed it will impact other deadlines. We plan to provide monthly updates on the [2018 Implementations and Timelines](#).

**Research and Data Use Update**

*Recinda Sherman, MPH, PhD, CTR*

*NAACCR Manager of Data Use and Research*

**Update on the NAACCR Geocoder**

Last Narrative I mentioned we had some issues with the underlying street files in the NAACCR geocoder and improvements were on the way. On or before June 1st, the rockin’ team at TAMU will be releasing a new version of the NAACCR Geocoder. We have updates that improve the matching quality of the geocoder, and we have imported the most up-to-date underlying street files available to us. This includes the national file we purchase annually as well as some high quality local street files. Due to the significant improvements in accuracy from the improved

underlying street data as well as some other enhancements, *we recommend that registries using the NAACCR Geocoder re-geocode their cases after June 1, 2017.*

Over the coming months, we will be creating resources to assist states in evaluating the quality of their geocoded data. Because the data are derived, it is easy to assume the quality is always high. But as with all of our variables, the quality of geocoded data should be evaluated at the local level. The majority of the NAACCR Geocoder improvements stem from issues that were identified when one state reviewed their data. We were able to incorporate local level government street files to help address regionally specific issues as well as upgrade the NAACCR Geocoder overall. We encourage states to evaluate and provide feedback on their geocoded data, and we are actively seeking local data to import into the geocoder. If you are able, we would like to assess the differences between your old geocoded data and the new geocode data. And if you work with partners in the state or elsewhere who provide local street or parcel data, we would like to incorporate the datasets into the NAACCR Geocoder since local data is often the most up-to-date and highest quality.

For registries who choose to re-geocode, we recommend geocoding in batches starting with the most recent years of data. We hope that registries will be able to re-geocode their cases in time for the Call For Data. We suggest focusing on the batch match first, and then work the ungeocodables after all years of data are batch geocoded. You may notice your ungeocodable % is slightly higher. This is due to updates within the geocoder that limit false matches to improve accuracy but may decrease completeness. We will be asking about your registries re-geocoding effort as part of the Call For Data questions. We will use this information for data quality assessments of the CiNA data.

SEER\*DMS users have the option to geocode “on-the-fly.” When a case is opened or updated, the NAACCR Geocoder can automatically re-geocode the case. This option can also be turned off. SEER\*DMS users now also have the ability to select the match cut-off score, and we are working to incorporate additional quality variables into the SEER\*DMS layout. The fine folks behind SEER\*DMS will be working with their users to re-geocode in batch if the registry chooses.

For cases that require multiple years of geocoding, such as cases diagnosed in 2009 which need to be geocoded to the 2000 Census for rates but the 2010 Census to calculate the NAACCR Poverty code, on-line users can use the “point in polygon” feature to designate additional years of Census data. Remember to download your file each time before running it again and to review the “*CensusYear*” field to ensure you have the correct Census data. When you run a file through the geocoder additional times, the variables are overwritten--not appended on as they are the first time a file gets processed.

We will continue to update and improve the NAACCR Geocoder. Future improvements include the ability to append multiple Census years at once and an updated Match Status to include “*Match*”, “*No Match*”, and “*Review Required*.” We are implementing two additional new quality parameters, *MinScore* and *ConfidenceLevels*-which refers to the quality of the source of the matched underlying data. We plan to include additional quality metrics in the NAACCR layout.

Please do not hesitate to contact me if you have any questions. And Happy Spring!!

### **NAACCR Education and Training Program Update**

***Jim Hofferkamp, CTR***

*NAACCR Program Manager of Education & Training*

We just finished the April webinar in the NAACCR 2016-2017 webinar series on April 13. The topic was Lip and Oral Cavity. I would like to congratulate our guest host Melissa Riddle for doing an outstanding job! Our May webinar is on the MP/H rules and we are very fortunate to have Carol Johnson as our guest host. Carol was instrumental in writing the 2007 version of the MP/H rules and has been very active in developing the 2018 MP/H rules. I'm really looking forward to working with her!

The June CTR prep just started and it looks like we have a very active group! My co-host for this series is Lisa Landvogt. Lisa was formerly employed by the CoC and specialized in the CoC standards. She also has many years of hospital registry experience and has extensive training experience. The testing window for the June CTR exam starts June 17. The CTR prep series is very user friendly. We have a 2 hour live session every Tuesday for 8 weeks. We record all of the sessions. If you can't participate in the live sessions, you can still view the recordings. One of the things I really like about the series is the interaction between the participants. Sometimes I think the support and encouragement between participants is just as important as the review of the material! There is still time to register if you are interested!

Check out the NAACCR Education and Training Calendar for a list of all of the upcoming training activities. Don't overlook the Cancer Surveillance Webinar Series. These are free webinars presented by experts in their fields. If you miss the live sessions, we post the recordings on the Webinar Recordings page.

## NAACCR Narrative

If you have questions about any of the NAACCR educational products or are interested in having the NAACCR Education and Training team develop a training workshop for your registry send me an e-mail at [jhofferkamp@naaccr.org](mailto:jhofferkamp@naaccr.org).

As many of you know, Angela has been under the weather for some time now. If you are interested in sending her a get well soon card, please contact me!

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### NAACCR 2017 Education and Training Calendar

#### May 2017

05/04/2017 Multiple Primary and Histology Coding Rules

#### June 2017

06/01/2017 Collecting Cancer Data: Liver and Bile Ducts

#### July 2017

07/13/2017 Hospital Cancer Registry Operations – Topic TBD

#### August 2017

08/03/2017 Collecting Cancer Data: Central Nervous System

#### September 2017

09/07/2017 Coding Pitfalls

For more information about NAACCR education and training opportunities or to register online, go to the Education tab on the NAACCR website ([www.naaccr.org](http://www.naaccr.org)); or contact Jim Hofferkamp ([jhofferkamp@naaccr.org](mailto:jhofferkamp@naaccr.org)).

### Virtual Pooled Registry Update

*Castine Clerkin, MS, CTR*  
*Program Manager of Virtual Pooled Registry, NAACCR*

Have you checked out the new and improved NAACCR website yet? The Virtual Pooled Registry Cancer Linkage System (VPR-CLS) now has its own tab. While the VPR-CLS is not yet fully live, the website provides lots of great information for registries and researchers alike. We'll continue to update the site as the project progresses and welcome any suggestions for additional content.

The NCI U.S. Radiologic Technologist (USRT) Study, which served as the second pilot test of the VPR-CLS, has begun contacting registries to request individual-level data on the matched cases identified during the initial (Phase I) linkage that occurred last year. Annelie Landgren is the NCI liaison to registries for this initiative and will be working closely with NAACCR to reconcile any issues that arise and identify ways the VPR-CLS can be further enhanced to streamline the linkage and data release process.

Nearly sixty IRB and registry data request forms have been assessed in our efforts to create registry/IRB templates. As these forms were reviewed, it became apparent that IRB forms and registry forms included much of the same information, so a single template to serve both purposes has been developed. We will introduce this template to registries and discuss additional initiatives to streamline the IRB application process in an upcoming webinar on May 18th from 12-2 p.m. EDT. We are excited to share this template, get your input, and determine which registries/IRBs are able to adopt the form. You can be sure that researchers tasked with completing multiple registry applications (like Annelie) will be interested in the outcome.

Please contact me, [cclerkin@naaccr.org](mailto:cclerkin@naaccr.org), if you have any questions or comment regarding the VPR-CLS.

Enjoy the arrival of spring!

### NEW NAACCR Website

*Dustin Dennison, M.MIS.*  
*Information Technology Administrator, NAACCR*

As many of you are aware, NAACCR recently updated our website. At first glance many of these changes appear to be cosmetic in nature with the edition of new content areas such as Resources for International Registries and the Virtual Pooled Registry.

While updating the look and feel of the site after several years was a goal we had in mind our primary motivations for redeveloping our website were two fold: 1) Improving the user experience/navigation to better meet our member needs. 2) Provide NAACCR a robust and flexible technical framework for building and maintaining our website.

Success in these cooperative goals allows NAACCR staff to better anticipate, develop and roll out features for the NAACCR membership.

In the redevelopment process we had input from many stakeholders namely, the NAACCR Board and Staff, the Website Redesign Task Force, the Communications Steering Committee and our vendors. Now that the work has been completed we would like to know what you think of the work that has been done.

Questions to ask yourself: What are my thoughts on the new navigation? The search capabilities? Are there features that I would find useful for myself or colleagues?

The answers to these questions are critical to us as we plan future improvements to our website. Please feel free to reach out to me anytime [ddennison@naaccr.org](mailto:ddennison@naaccr.org) (217) 698-0800 ext.8

### **NAACCR Steering Committee Corner**

*Susan T. Gershman*

*Director, Massachusetts Cancer Registry*

Welcome to the Steering Committee Corner! This column will provide brief Steering Committee updates such as new reports or projects, coding changes, new data standards, requests for priority area network members for specific workgroups, and other information that NAACCR Steering Committees feel the NAACCR community should be aware of. We hope that this column helps to connect us as we continue to move forward with enhanced cancer surveillance.



### **Communications Steering Committee (CSC)**

Co-Chairs: Laura Ruppert and Annette Hurlbut

Committee Highlights since the last *Narrative*:

- The Strategic Management Plan (SMP) will be spotlighted throughout 2017.

Recent Reports/Publications:

- Check out our newest posts. We encourage our readers to participate – send ideas for blog features to Becky Cassidy at [RCassady@llu.edu](mailto:RCassady@llu.edu) as contribution to NAACCR's NAACCRReview (<https://www.naaccr.org/blog/>).

Other News to share with the NAACCR Community:

- Stop by the NAACCR booth at the annual conference - bring your ideas for Narrative articles, NAACCRReview blog posts, and continued enhancements for the NAACCR website.

### **Professional Development Steering Committee (PDSC)**

Co-Chairs: Frances Ross and Mignon Dryden

Committee Highlights since the last Narrative:

- Work to update the Survey Course, "Understanding Population Based Cancer Registries" to web based learning modules is nearly complete. The last of the modules needing the Voice-Over portion of their PowerPoint presentations are being done. A gradual release is planned.
- The Learning Management System (LMS), successfully in use with the CTR Prep Course, will be utilized for the Survey Course.

Other News to share with the NAACCR Community:

- Discussion on developing and implementing strategies for Recruitment and Retention in Central Registries has been a major priority. Efforts will be focused on two major careers (Registrars and Epidemiologists).
- Work continues on developing a specific action plan to increase awareness and employment in these fields.
- A round table discussion on IT and Informatics Recruitment and Retention during breakfast at the upcoming NAACCR Conference is being planned. More details to come soon!
- The Committee wants to emphasize the personal growth and professional development benefits that come from volunteering and actively participating in NAACCR Work Groups and projects. A number of approaches are under discussion, with plans to reach out to members at the Annual Conference.

#### Research and Data Use Steering Committee (RDUSC)

Co-Chairs: Hannah Weir and Susan Gershman

Training/Education:

- NAACCR Webinars: *Vulnerable Populations* to be scheduled in May

Other News to share with the NAACCR Community:

- Cancer Control Indicators Task Force: Using Cancer Registry Data / Cancer Control Indicators was presented at the NCRA Annual Educational Conference in Washington DC, April 6, 2017. It has also been submitted for consideration for presentation at the CDC Cancer Control Conference, August 2017.
- Confidentiality Task Force: The task force will review materials and update what is on the web. Other issues include hashed data for linkages and spatial data.
- Data Indicators Matrix: Using the information from the Fitness-for Use Workgroup, update and expand the matrix to include additional information. The matrix can be found at <https://www.naacccr.org/research-capabilities-by-registry>. This could lead to additional elements to be considered as part of NAACCR Certification.
- Increase Cancer Incidence in North American (CiNA) Use: Encourage epidemiologists to use CiNA data for projects as well as built capacity within the registry community for analysis and interpretation. The RDU will use the NAACCR forum (electronic bulletin board) to identify relevant topics such as rare cancers, wait time, etc.
- If you have a suggestion for a journal club or surveillance webinar topics, please contact Hannah Weir ([hweir@cdc.gov](mailto:hweir@cdc.gov)) or Susan Gershman ([susan.gershman@state.ma.us](mailto:susan.gershman@state.ma.us)).

### Annual Report to the Nation 2017

#### Annual Report to the Nation: Cancer Death Rates Continue to Decline

Special section on survival finds significant improvement for all but two cancer sites.

Overall cancer death rates continue to decrease in men, women, and children for all major racial and ethnic groups, according to the latest Annual Report to the Nation on the Status of Cancer, 1975-2014. The report finds that death rates during the period 2010-2014 decreased for 11 of the 16 most common types of cancer in men and for 13 of the 18 most common types of cancer in women, including lung, colorectal, female breast, and prostate cancers. Meanwhile, death rates increased for cancers of the liver, pancreas, and brain in men and for liver and uterine cancer in women. The report finds overall cancer incidence rates, or rates of new cancers, decreased in men but stabilized in women during the period 1999-2013.

The Report to the Nation is released each year in a collaborative effort by the American Cancer Society; the Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI), both parts of the Department of Health and Human Services; and the North American Association of Central Cancer Registries (NAACCR).

The report appears early online in the Journal of the National Cancer Institute (JNCI) and includes a special section, which this year focuses on survival expressed as percentage. It finds that several but not all cancer types showed a significant improvement over time for both early- and late-stage disease, and varied significantly by race/ethnicity and state.

“While trends in death rates are the most commonly used measure to assess progress against cancer, survival trends are also an important measure to evaluate progress in improvement of cancer outcomes,” said Ahmedin Jemal, D.V.M., Ph.D., of the American Cancer Society and lead author of the study. “We last included a special section on cancer survival in 2004, and as we found then, survival improved over time for almost all cancers at every stage of diagnosis. But survival remains very low for some types of cancer and for most types of cancers diagnosed at an advanced stage.”

Compared to cases diagnosed in 1975-1977, five-year survival for cancers diagnosed in 2006-2012 increased significantly for all but two types of cancer: cervix and uterus. The greatest absolute increases in survival (25 percent or greater) were seen in prostate and kidney cancers as well as non-Hodgkin lymphoma, myeloma, and leukemia.

Cancers with the lowest five-year relative survival for cases diagnosed in 2006-2012 were pancreas (8.5 percent), liver (18.1 percent), lung (18.7 percent), esophagus (20.5 percent), stomach (31.1 percent) and brain (35 percent); those with the highest were prostate (99.3 percent), thyroid (98.3 percent), melanoma (93.2 percent) and female breast (90.8 percent).

“While this report found that five-year survival for most types of cancer improved among both blacks and whites over the past several decades, racial disparities for many common cancers have persisted, and they may have increased for prostate cancer and female breast cancer,” said Lynne T. Penberthy, M.D., M.P.H., associate director of NCI’s Surveillance Research Program. “We still have a lot of work to do to understand the causes of these differences, but certainly differences in the kinds and timing of recommended treatments are likely to play a role.”

“This report found that tobacco-related cancers have low survival rates, which underscores the importance of continuing to do what we know works to significantly reduce tobacco use,” said Lisa C. Richardson, M.D., M.P.H., director of CDC’s Division of Cancer Prevention and Control. “In addition, every state in the nation has an adult obesity prevalence of 20 percent or more. With obesity as a risk factor for cancer, we need to continue to support communities and families in prevention approaches that can help reverse the nation’s obesity epidemic. We need to come together to create interventions aimed at increasing the uptake of recommended, effective cancer screening tests, and access to timely cancer care.”

The authors also stated that more attention and resources are needed to identify major risk factors for common cancers, such as colorectal, breast, and prostate, as are concerted efforts to understand the increasing incidence trends in uterine, female breast, and pancreatic cancer.

“The continued drops in overall cancer death rates in the United States are welcome news, reflecting improvements in prevention, early detection, and treatment,” said Betsy A. Kohler, M.P.H., C.T.R., executive director of NAACCR. “But this report also shows us that progress has been limited for several cancers, which should compel us to renew our commitment to efforts to discover new strategies for prevention, early detection, and treatment, and to apply proven interventions broadly and equitably.”

Article: Annual Report to the Nation on the Status of Cancer, 1975–2014, Featuring Survival JNCI J Natl Cancer Inst (2017) 109(9): djx030 doi: 10.1093/jnci/djx030

To view the full Report, see: <https://academic.oup.com/jnci/article-lookup/doi/10.1093/jnci/djx030>

For Spanish translation of this press release see: <https://www.cancer.gov/espanol/noticias/comunicados-de-prensa/2017/informe-anual-a-la-nacion-1975-2014>

## 2018 Implementations and Timeline

**Lori A. Havener, CTR**

*Program Manager of Standards, NAACCR*

### New and Revised Stage Data Items (Submit to UDS by April 30, 2017)

Responsible organization: NAACCR Site Specific Data Items (SSDI) Work Group (Lead: Jennifer Ruhl (NCI SEER) and Jenna Mazreku (California Cancer Registry)) NAACCR staff: Jim Hofferkamp and Lori Havener

- Finalize New Site-Specific Data Items (Submit to UDS by March 31, 2017) New data items required for AJCC 8 stage calculation
- New data items not required for stage proposed for collection in 2018 (Submit to UDS by April 30, 2017)
- Existing site-specific data items for which changes are proposed (Submit to UDS by April 30, 2017)
- Update stage data items. Allowable values updated to reflect AJCC 8th Edition, values and labels reconciled, and length of data items expanded. (Submit to UDS by April 30, 2017)
  - Clin T, Clin N, Clin M
  - Clinical Stage
  - Path T, Path N, Path M
  - Pathologic Stage
  - ypath T, ypath N, ypath M
  - Post neoadjuvant therapy stage
  - AJCC Grade Post neoadjuvant therapy
  - Stage Suffixes: Clin T Suffix, Clin N Suffix, Path T Suffix, Path N Suffix, ypath T Suffix, ypath N Suffix

### AJCC 8th Edition Chapter Updates to Histologies (Release by June 15, 2017)

Responsible organization: AJCC (Lead: Laura Meyer)

- Need to verify histologies for each AJCC chapter. There is currently a collaborative effort that includes AJCC (Lead: Laura Meyer), NCI SEER (Lead: Serban Negoita), and CDC NPCR (Lead: Lori Pollock) that is developing new recommendations on eligible histology types for each chapter.
  - Comparison of AJCC 8th Edition versus WHO Classification Monographs versus ICD-O-3 has been completed for all but 2 classifications released by WHO
  - NCI and CDC are expected to submit a joint final proposal to AJCC by April 15, 2017.
  - The completion of this work will impact the release of a TNM DLL and the programming of abstraction tool updates for cancer reporters.
  - The completion of this work will impact the EDITS timeline.

### **ICD-O-3 Histology Revisions (Release by August 1, 2017)**

Responsible organization: NAACCR ICD-O-3 Implementation Guidelines Work Group (Lead: Lois Dickie (NCI SEER)) NAACCR staff: Jim Hofferkamp

- This WG is identifying new terms used for current codes, new codes, and codes with changes in behavior that will be used in 2018.
  - Changes that impact reportability should be finalized by July 1, 2017.
  - All changes should be finalized by August 1, 2017.
- SEER has contract workers reviewing the most current WHO blue books and comparing their findings with current ICD-O-3 codes and terms.
- SEER Update site/histology validation list (Release November 1, 2017)

### **Standards Volume II, Version 18 (Release September 1, 2017)**

Responsible organization: NAACCR Uniform Data Standards Work Group (Leads: Cheryl Moody (California Cancer Registry) and Suzanne Schwartz (New Jersey State Cancer Registry)) NAACCR Staff: Lori Havener

- New/Changed Data Items – a list of all new and changed data items will be provided in the next update. (Finalize by May 1, 2017)
- New Record Layout (Finalize by July 1, 2017)
  - A new record layout will be developed due to the large number of new data items added for 2018. The record layout cannot be developed until all of the new data items have been finalized.
- Standard Setter Requirements - Volume II, Chapter 8 (Finalize by July 1, 2017)

### **SEER Summary Stage 2018 and SEER EOD 2018 (Release by September 1, 2017)**

Responsible organization: NCI SEER (Lead: Jennifer Ruhl (NCI SEER))

- Designed to reflect changes in the AJCC 8th Edition.
- SEER Summary Stage 2018 will be derived from SEER EOD 2018.
- Directly assigned Summary Stage 2018 will be available for registries that do not collect SEER EOD 2018.

### **MP/H Rules (Release by October 1, 2017)**

Responsible organization: NCI SEER (Lead: Lois Dickie (NCI SEER)) NAACCR staff: Jim Hofferkamp and Angela Martin

- New rules for determining multiple primaries and histologies.
- New name “solid tumor manual”.

### **2018 Implementation Guidelines (Release by November 1, 2017)**

Responsible organization: NAACCR Implementation Guidelines Task Force (Lead: TBD) NAACCR Staff: Lori Havener

- The release of the 2018 Implementation Guidelines and Recommendations is dependent on the timely release of all 2018 components listed above.

### **EDITS/TNM Edits (Release EDITS metafile December 1, 2017)**

Responsible organization: NAACCR EDITS Work Group (Lead: Jim Hofferkamp (NAACCR))

- Edits will have to be developed for all new data items. At a minimum all new data items will require valid value edits.
- Edits and edit related tables will have to be updated to accommodate changes to chapter site/histologies and new values in AJCC 8th Edition.

- Edits and edit related tables will have to be updated to accommodate new histologies and changes to histology coding rules coming out of ICD-O-3 Implementation WG.
- Current TNM Edits will be reviewed to see if they can be adapted to AJCC 8th Edition.
- Edits comparing T, N, M, and stage values with new SSDIs.
- Implementation of EditWriter 5.

**Other Activities for 2018:**

- **Cancer Registry Software Development**
  - CDC NPCR TNM DLL
  - NCI SEER RSA
  - Hospital and central cancer registry software updates.
- **Central Registry Modifications to Manuals**
  - Central registries will need time to modify their consolidation process to accommodate new MP/H rules.
- **Education and Training**

**CAP (College of American Pathologists) PERT (Pathology Electronic Reporting) Update**

*Mignon Dryden, CTR*

*NAACCR Liaison to CAP PERT*

The CAP PERT Committee met February 12 thru 14 starting with a joint half day meeting on the morning of the 12th with the CAP Cancer Committee. The first topic of discussion was a letter from Betsy Kohler, NAACCR Executive Director, in which she described the work NAACCR is doing with the American Joint Committee on Cancer (AJCC) and other partners to ensure required infrastructure and technical guidelines are in place for the implementation of AJCC Cancer Staging Manual 8th edition. Betsy asked for CAP’s support for aligning data collection standards and methods used by the cancer registry profession to the CAP protocols. In her request, Betsy outlined that this alignment would result in more accurate staging data. She explained that NAACCR had convened a Task Force with representation from central registries in the U.S. and Canada, the AJCC, CAP, CoC (Commission on Cancer), NCI (National Cancer Institute), and CDC (Centers for Disease Control) and were tasked to propose the new data formats and definitions that will foster data harmonization between clinical and pathological data systems and cancer registries. The Task Force members all agreed that implementation of aligning all represented organizations will benefit from the harmonization of NAACCR standards with the requirements of the 8th edition and the CAP Cancer Protocols.

CAP PERT and Cancer Committee members discussed this topic, and in general, were in agreement with supporting this request. Due to time constraints of the meeting agenda, further discussion of this alignment and how CAP can support NAACCR took place in the weeks following this meeting. Final details are still being worked out, but both CAP and NAACCR feel confident that supporting this alignment will prove beneficial to both parties.

Other topics of interest to the NAACCR Community were:

- Discussion of biopsy templates – work continues to define the core elements for these templates. St Joseph Health System in California will be testing these in 2017 in their eCC data that is sent to the California Cancer Registry. Cancer Care Ontario would also like to be involved in this testing.
- Biomarker Reporting Template for ER/PR/HER2 streamlining discussed
- Improvement of the eCC product to include 6 month releases and more vendor engagement
- PERT has been asked to provide guidance to the autopsy committee who are working on an Autopsy Template
- Ask the Pathologist (ATP) update given by Dr. Phil Foulis. This successful project is being done in conjunction with the American College of Surgeons (ACoS) and has had a steady stream of inquiries.

**Massachusetts Cancer Registry’s Sixth Annual Education Workshop**

*Susan T. Gershman*

*Director, Massachusetts Cancer Registry*

The Massachusetts Cancer Registry’s Sixth Annual Education Workshop hosted by Dana-Farber / Brigham and Women’s Cancer Center will be held at the Dana-Farber Cancer Institute in Boston, MA on Tuesday, May 16, 2017. This will be an all day workshop with the following topics: quality and patient safety, breast cancer, stomach cancer, Massachusetts Cancer Control Plan, Kentucky Query System, personalized medicine, lymphomas and leukemias and adolescent and young adult cancers.

A draft agenda and registration form (for those attending in person) was emailed in March. The workshop will also be a live webcast so URLs will be provided approximately a week prior to the webcast. The request for continuing education credits will be submitted to the National Cancer Registrars Association.

As this is a wonderful opportunity to hear some of Dana-Farber's leading experts on these topics, we look forward to either seeing you in-person or having you log on via the live webcast! It's free so grab a cup of Joe, log onto your pc and prepare for an excellent educational experience!

### **NAACCR Member Recognition Awards Program**

**Frances Ross, CTR**

*Kentucky Cancer Registry*

This is the last week to submit your points for the NAACCR Member Recognition Awards Program! These awards are given each year at the Annual Conference. The Member Awards forms are available at

<https://www.naaccr.org/member-awards/>

You've done the work – now get the credit you deserve!

The Member Recognition Awards Program and the Forms have been updated this year along with the NAACCR web site. **Please enter your points and submit your forms by April 30.** The Forms submission feature will be closed in May and June in order for me to prepare for the awards distribution at the Annual Conference in Albuquerque.

If you have any questions, feel free to call or email me at (859) 218-3181 [fer@kcr.uky.edu](mailto:fer@kcr.uky.edu).

### **NPCR Funding In Peril**

**Bruce Riddle**

*Registry Manager, New Hampshire State Cancer Registry*

A memo was sent by the White House at the end of March to the Senate and House Appropriations Committees requesting \$18 billion dollar cuts to Education and Health Research for Fiscal 17. (See for example: <https://www.usnews.com/news/politics/articles/2017-03-28/trump-administration-to-request-18-billion-in-domestic-spending-cuts-for-2017>) Of interest to this community was a proposed \$65 million dollar cut to CDC Public Health Programs. The memo stated, "This would eliminate or reduce less effective or duplicative research and disease specific programs such as the Prevention Research Centers, Chronic Fatigue Syndrome, Cancer Registries, Prion Disease, Injury Control Research Centers, Climate Change, and Tobacco Prevention Research." While most commentaries suggest these cuts cannot take place for Fiscal 17, they may suggest the Administration's budget priorities for Fiscal 18. The CDC's National Program for Cancer Registries is 25 years old this year and currently funds 48 central registries. NPCR has been flat funded for many years, but there has never been a suggestion to eliminate the program. The President's Fiscal 18 Budget is expected in May. While most staff at central cancer registries are barred from lobbying, this may be an important time to remind all those who use our data of its importance to their activities and encourage them to advocate for continued funding.

<http://www.naaccr.org>



North American Association of Central Cancer Registries  
*Working together to make every cancer count.*

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