

# THE NAACCR NARRATIVE

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### President's Message

**Winnie Roshala, BA, CTR**  
*NAACCR President*

Greetings, Everyone!

This "President's Message" will be a joint effort by me as the Outgoing President and the new NAACCR President, Wendy Aldinger, Director of the Pennsylvania Cancer Registry.

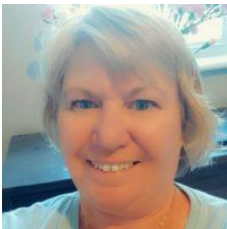
I just wanted to thank you all for allowing me to serve you these past two years. It has been such an honor to work with a Board that faced unprecedented challenges but made tough decisions, that we felt were in the best interest of

the NAACCR membership. We stood united, shoulder to shoulder, to continue to move forward! I thank them all for their selfless dedication. Thank you all for such an incredible, albeit unexpected journey!

Much time and careful, thoughtful deliberation was spent these past two years on developing the foundation for the NAACCR Strategic Priorities and Initiatives for 2023-2027. I know there are exciting times ahead for NAACCR!

The culmination of finally having the first NAACCR in-person conference in four years was truly an amazing event! Hosted by the Louisiana Tumor Registry, with the theme of "Resilience and Recovery: Charting the Path Forward for Cancer Surveillance," the conference began with a rousing opening ceremony by the Mardi Gras Indian performers. Their energy in sound and dance was so unique and special to set the tone for our conference! Over 350 people attended the conference with 81 first-time attendees! The theme truly reflected our trials and tribulations, leading to the in-person conference comeback! It was wonderful to see so many current and past members in attendance, with more of a reunion feel! The conference content was rich with topics for both operations and research perspectives. There was something for everyone! The Mentorship breakfast and Birds of a Feather session were both packed with attendees and provided an interactive, engaging, and enlightening session. It was SO great to see friends and colleagues again. Many thanks to all who worked so diligently to provide us with an amazing NAACCR Conference experience!

As I pass the gavel on to Wendy, I look forward to supporting her and the Board's initiatives. Under Wendy's leadership as NAACCR President, the future opportunities for NAACCR look amazing! Thank you all for such an incredible experience!



**Wendy Aldinger, RHIA, CTR**  
NAACCR President  
Pennsylvania Cancer Registry

- Past President- Winny Roshala, Cancer Registry of Greater California
- Treasurer- Kevin Ward, Georgia Cancer Registry
- Advisory Board Member- Lori Swain, NCRA

Hi everyone, I hope you are having a great summer. I want to thank Winny Roshala for her leadership these last two years. With her guidance the NAACCR Board along with the Steering Committee chairs, the Strategic Management Plan Work group and NAACCR staff have developed the Strategic Priorities and Initiatives for 2023-2027. These Priorities and Initiatives will be the road map to guide NAACCR to meet the current and future needs of the cancer surveillance community. Stay tuned for more details on the Priorities and Initiatives and ways you can help in future issues of the NAACCR Narrative.

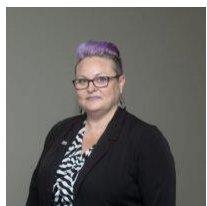
I want to thank you for giving me the opportunity to serve as the NAACCR President for the next two years. Our goal will be to take action on the priorities. I look forward to working with all of you and want to thank the 2023-2024 NAACCR Board Members for their willingness to serve:

Representatives at Large:

- Monique Hernandez, Florida Cancer Data System
- Lihua Liu, Los Angeles Cancer Surveillance Program
- Lori Koch, Illinois State Cancer Registry
- Joshua Mazuryk, Ontario Cancer Registry
- Bozena Morawski, Cancer Registry of Idaho
- Sarah Nash, MPH, State Health Registry of Iowa

I am so sorry I was not able to attend the Annual Conference. I miss you all and can't wait to see you in Boise next year. The Board and I are here for you, please reach out at any time. I am looking forward to all we can accomplish.

Thank you,  
Wendy Aldinger



## Mid-Level Tactical Group (MLTG) Update

**Stephanie M. Hill, MPH, CTR**  
NAACCR  
shill@naaccr.org

The Mid-Level Tactical Group (MLTG) is a collaborative body of cancer registry standard setters, led by representatives from CDC NPCR and NCI SEER and coordinated by NAACCR. Other member organizations include the Commission on Cancer (CoC), American Joint Committee on Cancer (AJCC), College of American Pathologists (CAP), the Canadian Council on Cancer Registries (CCCR) and the National Cancer Registrars Association (NCRA). The primary purpose of the MLTG is to review requests for changes to the common [NAACCR Data Standards and Data Dictionary](#) (DS&DD). The NAACCR DS&DD includes most of the data items collected by hospital and central registries, although individual standard setters may choose to collect data items outside the NAACCR DS&DD.

The MLTG considers many factors when reviewing change requests, including scientific and clinical rationale, burden on registrars, availability of information in the medical record, technical feasibility, and field test results. Based on their review and with input from the Uniform Data Standards Work Group, the MLTG makes recommendations to the High-Level Strategic Group (HLSG), who has the ultimate authority to decide implementation.

Between June and October 2022, the MLTG received and reviewed 55 change requests for implementation in 2024: 28 requests for new data items and 26 requests for revisions to existing data items. After careful consideration and deliberation, including a special in-person session, the HLSG approved 23 of the proposed changes for implementation in 2024. The approved changes included six new data items (three derived and three manually coded), 12 revisions to existing data items, and retirement of five data items.

### ***Summary of v24 Changes***

#### New Data Items

- Rx Hosp–Recon Breast [751] & RX Summ–Recon Breast [1335]
- Brain Primary Tumor Location [3964]
- Derived Summary Grade 2018 [1975] (derived at central registry)
- Geocoding Quality Code [86] (derived at central registry)
- Geocoding Quality Code Detail [87] (derived at central registry)

#### Revised Data Items

- IHS PRCDA [194] – minor wording changes
- UHIO [284] – name change and minor wording changes
- UHIO City [285] – name change and minor wording changes
- Tobacco use smoking status [344] – minor wording changes
- EDP MDE Link Date [530] – minor wording changes
- EDP MDE Link [531] – minor wording changes
- RX Hosp-Surg Prim Site 2023 [671] & RX Summ-Surg Prim Site 2023 [1291] – new surgery codes for breast, colon, lung, pancreas, and thyroid
- SSDI Brain Molecular Markers [3816] – added codes and terminology
- P16 [#3956] – added vulva schema to SSDI
- Location of Radiation [15550] – minor wording changes
- SEER SSF#1 [#3700] – changed to 2 digits and added codes

#### Retired Data Items

- Birthplace [#250]
- Place of Death [#1940]
- CRC Checksum [#2081]
- Maiden Name [#2390]
- LN Status Femoral-Inguinal, Para-aortic, Pelvic [#3884]

More information on the changes approved for v24 implementation can be found in the [NAACCR Implementation Guidelines](#).

An overview of the MLTG Change Control and Implementation Process can be found at:

<https://www.naacr.org/wp-content/uploads/2023/05/Illustrated-Change-Management-Process.pdf>.

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# College of American Pathologists (CAP) PERT Update

**Mignon Dryden, CTR**

*NAACCR Liaison to CAP PERT*

A CAP PERT meeting was held virtually as well as in-person in Salt Lake City, UT on Sunday, July 9 and Monday, July 10, 2023. Highlights of this meeting included:

- **2023 Protocol Release and Mapping Updates** – Quarter 3 Release is scheduled for September 20 and will include 34 protocols including three NEW Hematopoietic (Lymphoid Precursor, Bone Marrow, and Plasma Cell) protocols; and updates or corrections to 12 Pediatrics, 15 Genitourinary, Lung biomarker, IHC biomarker, and Anal Excision protocols; and a NEW Anogenital Cytopathology protocol. The four existing hematology cancer protocols will be retired: Bone Marrow, Hodgkin Lymphoma, Non-Hodgkin Lymphoma and Plasma Cell.

**Quarter 4 Release** is scheduled for December 13 and will cover at least 14 protocols including NEW Autopsy, NEW Endocrine (Pituitary Neuroendocrine which will be required for accreditation), and a NEW Melanoma. In addition, AJCC updates to Vulva and the six GI NET protocols will occur, and the six GI NETs will also be updated to WHO 5<sup>th</sup> Edition.

**2024 Releases** – Will include: NEW Conjunctival Melanoma, NEW Parathyroid, NEW Paraganglioma and Pheochromocytoma, and NEW Bone protocols. Release dates are scheduled for:

Quarter 1: March 20, 2024

Quarter 2: June 19, 2024

Quarter 3: September 18, 2024

Quarter 4: December 11, 2024

**Other updates and all the CAP Cancer Protocols can be found on the CAP Website: [Cancer Protocol Templates | College of American Pathologists \(cap.org\)](#).**

- **eCP to SNOMED Mapping Project** – Dr. Scott Campbell, University of Nebraska, provided an update on this project and asked the committee for feedback on questions to date. An incredible amount of work has been completed and is awaiting corrections and minor additions identified by CAP. Future work such as expansion into biopsy and other protocols, distribution of content, maintenance and revision cycle, training, etc. was also discussed.
- **Cancer Data Summit** – new name but same concept for what was previously User Group meetings. This year's summit, "The Future of Cancer Data: Unlocking Insights with Pathology Reporting" will be held in Chicago on October 6. Goals of the meeting are to explore and identify opportunities to shape the future of pathology data use, discuss how quality improvement programs benefit from standardized use of synoptic reporting within and across laboratories, and how public health initiatives benefit from utilizing pathology reporting.
- **CAP Podcasts** – also called CAPcasts have three sessions of interest specific to the cancer registry community. Released in May with collaboration from NCRA, the first one featured Dr. Lara Harik, the Vice Chair of the CAP Cancer Committee and Mildred Jones, CTR, NCRA Liaison to the CAP Cancer Committee discussing the basics of cancer registry from a hospital perspective. The second podcast released in July features Peggy Adamo, BA, CTR of NCI/SEER and Andrea Sipin-Baliwas, MS, CTR of the Los Angeles Cancer Surveillance Program where they discuss central cancer registries. The third in this

series will be led by Dr. Alison Van Dyke of NCI/SEER who will focus on the SEER Registry. They can be found here: <https://podcasts.apple.com/us/podcast/capcast-from-the-college-of-american-pathologists/id1279391140>.

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## Calling All Mentors! NAACCR Needs You!

The NAACCR Mentorship Program is a peer-to-peer program that connects members to strengthen professional skills, knowledge, and professional development. ([Click](#) her for more information) Since our launch in June we have been busy matching mentors and mentees. Over the weeks of meeting and matching, we have discovered something: WE NEED MORE MENTORS!!

We are looking for Mentors in the following areas:

- Directors and Senior Managers
- Education and Training Subject Matter Experts.

As a mentor, you would be paired with one or more individuals, if you choose, and you can discuss when to meet. We have some current mentors that meet once a week, once a month or just once. It is whatever works best for the schedule of you and your mentee.

You can fill out the form here: <https://survey.alchemer.com/s3/7243818/Mentor-Mentee-Form>

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## Nomination Time is Approaching

**Heather Stabinsky**

*NAACCR Nominating Committee*

Call for Nominations for the 2024-2025 NAACCR Board of Directors and 2024-2025 Nominating Committee **are coming!** The NAACCR Nominating Committee will be seeking nominees for election to the leadership roles of President Elect and three (3) Representative at Large on the NAACCR Board of Directors and to the Nominating Committee. Stay tuned for more information and your chance to nominate yourself or a colleague. Think about the impact you can make.

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## The STAR Project

**Kasey Diebold**

*Health Informatician*

Centers for Disease Control and Prevention

The Childhood Cancer Survivorship, Treatment, Access, and Research (STAR) Act is designed to advance understanding and care of cancer diagnosed in children and young adults. Through its enactment in 2018, CDC was charged to improve reporting of new cases of cancer diagnosed among children, adolescents, and young

adults from birth to 29 years old. The STAR Act empowers CDC to improve early identification, rapid reporting, and epidemiologic monitoring of childhood cancer.

[CDC's STAR project](#) recruits and trains laboratories, hospitals, and health information exchanges to electronically report newly diagnosed cancer in children to central cancer registries. CDC's Early Case Capture project showed that reporting new cases of childhood cancer to central cancer registries within 30 days was possible. A scalable infrastructure was required to expand electronic reporting to all registries. CDC's [National Program for Cancer Registries](#) (NPCR) built a system called the NPCR National Oncology rapid Ascertainment Hub (NPCR-NOAH) to improve childhood cancer reporting. Consistent with data modernization efforts at CDC, NPCR-NOAH is a cloud-based informatics system designed to improve case finding and timeliness of reporting of childhood cancer cases to registries. Coupled with CDC's [Cancer Surveillance Cloud-based Computing Platform](#), NPCR-NOAH can enable cancer registries to collect, edit, and store childhood cancer data more efficiently.

### **The STAR Project is part of the CDC's Bigger Picture for Data Modernization.**

In 2019, CDC launched the [Data Modernization Initiative](#) (DMI) to modernize data and surveillance infrastructures at the federal and state levels. The DMI is a major effort across the agency that affects the broader public health landscape, including cancer surveillance. The goal is to make current surveillance infrastructures sustainable, connected, and adaptable. These updates will allow systems to share information faster so public health professionals can respond to public health threats more effectively.

The STAR Project is an integral part of the DMI, and the NPCR-NOAH system will make it possible to improve enrollment in childhood cancer trials, connect patients to resources faster, improve patient outcomes, and reduce the overall burden of cancer on patients and their families. CDC is working with select central cancer registries on the STAR Project, including pilot-testing NPCR-NOAH. The successes and lessons learned will help inform CDC's data modernization efforts.

Learn more about the [STAR Project](#).

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## **Welcome, Natalie Archer**



Please join us in welcoming Natalie Archer, PhD, to the NAACCR community. Natalie is the new Director for the Texas Cancer Registry at the Texas Department of State Health Services. Natalie served as the interim director from November 2022 until this past April, when she accepted the position permanently. She is a native Texan and has worked for the Texas Department of State Health Services for more than 17 years. She has a PhD in Epidemiology from the University of Texas Health Science Center at Houston School of Public Health, an MS in Health Services Research from Texas State University, and a bachelor's degree in Computer Science from Texas A&M University. Childhood cancer research is a particular interest of hers; she has previously published articles on childhood and adolescent cancer epidemiology topics. In her free time, Natalie enjoys hiking, camping, and exploring local Austin restaurants with her husband and two sons. Welcome Dr. Archer!

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## New International Resource: Data Management Module is published!



**Fernanda Silva Michels, MSc, PhD, CTR**  
*Program Manager of Data Quality and Integration*  
[fmichels@naaccr.org](mailto:fmichels@naaccr.org)

The Global / International Cancer Surveillance education resources portal

<https://education.naaccr.org/international> has an extensive variety of educational content, including the new Principles of Cancer Registries training series. This training is part of a project where NAACCR has worked with Jennifer Seiffert and Tracy King (CommPartners, InspirEd) 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.

The first module, titled [Principles of Cancer Registries: Data Sources and Data Collection](#), 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.

On the second module, titled [Principles of Cancer Registries: Assessing Data Quality](#), 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.

This Summer, NAACCR posted the third training module of the Principles of Cancer Registries series titled [Data Management](#). This course includes important concepts for managing the Cancer Registry data, including an orderly multi-step workflow that focuses on data accuracy, use of appropriate software, and recommended procedures for securing the data from threats and unauthorized use.

Although the course emphasis is cancer surveillance in low- and middle-income countries, the general principles covered are applicable worldwide. The course is free! Users just need to set up a MyNAACCR account. Visit the [NAACCR international portal](#) for more information!

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## Summer 2023 Research and Data Use Update



**Recinda Sherman, MPH, PhD, CTR**  
*NAACCR Program Manager of Data Use and Research*  
[rsherman@naaccr.org](mailto:rsherman@naaccr.org)

Wow. The annual conference was both rewarding and overwhelming! It was wonderful to connect (although so briefly) with many of you. New Orleans is such a beautiful and vibrant place—full of whimsy and history and wonderful food. Below are some fun places I was able to visit after the annual conference. Looking forward to seeing you in Boise!



## CiNA Data Products

Despite some challenges, all our CiNA data products were updated with 2020 data on schedule in early July. CiNA data products include:

- NAACCR Cancer Maps <https://www.cancer-rates.info/naaccr/>
- CiNA\*Explorer <https://apps.naacr.org/explorer/>
- Top 5 Cancers <https://www.naacr.org/top-5-cancers/>
- CiNA Public Use Dataset <https://www.naacr.org/cina-public-use-data-set/>
- CiNA Research Files <https://www.naacr.org/cina-data-products-overview/>

(Hey, what about CiNA Monographs?! See CiNA Monographs section below!)

As a reminder, overall, CiNA data show about a 10% drop in expected cases for diagnosis year 2020—a reduction that is in alignment with NPCR and SEER data, including pathology reports. Because the drop does not represent a change in underlying burden, rather a change in medical care and access, we do not recommend using 2020 data in trend analysis.

## CiNA Public Use Datasets

As with prior years, there are two CiNA Public Use Datasets:

1. Standard Public Dataset: The NAACCR CiNA Public Use Standard dataset uses 20-year age groups for age-adjusting. US registries have diagnosis years 2000- 2020 available, with the exception of Puerto Rico. Canada has diagnosis years 2001- 2020, and Puerto Rico has diagnosis years 2010-2020 available. The difference in year range is due to the limitations of the underlying denominator data to support the 20 age groups. The standard dataset can be requested using the “Public Use Research File” request type in DaRT <https://apps.naacr.org/dart>.
2. Special Request Public Use Dataset: A user can also request the old, 19-age group Public Use Dataset, starting with diagnosis year 1995 for all eligible registries. In the future, these two types will be separate Public Use Data Requests in DaRT. But for now, a user will need to reach out to me for access to the 19-age group dataset.



## ***CiNA Monographs***

We first produced our flagstaff CiNA product, the CiNA Monograph, twenty years ago—covering incidence for diagnosis years 1996-2000. Since that first publication in 2003, the Monographs have expanded to cover mortality, survival, and prevalence statistics, and we are currently developing a population-attributable risk volume.

More recently, we have been presenting CiNA statistics in interactive, queryable systems. Five years ago, we made a significant investment in our current system, CiNA\*Explorer. Most of the statistics are already duplicated between the two CiNA Products (the Monographs and Explorer).

The effort to produce a static pdf is more extensive than the on-line systems—requiring manual production, editing and additional review. Additionally, in recent years and particularly last year, we have had to duplicate production efforts in some areas due to late breaking updates/error corrections from a handful of registries. Because of similar issues, many agencies and state registries have moved away from producing pdf volumes towards interactive systems, like CiNA\*Explorer, which can be produced more nimbly and updated mid-cycle if needed. Last year, depending upon the Monograph Volume, we had 14 to 42 times more web traffic to CiNA\*Explorer than the CiNA Monographs.

With this in mind, we are transitioning away from the CiNA Monographs. And this year, due to the aforementioned challenges, we did not produce a CiNA Monograph for diagnosis years 2016-2020. We have released the statistics for 2020 but as the switch to no monograph was unplanned this year, we are still in the process of updating technical and other reference information on our CiNA Monograph webpage.

Moving forward, the CiNA Editorial Workgroup has been tasked with thoughtfully migrating all statistics from the CiNA Monographs to CiNA Explorer over the next two years. The Workgroup will also ensure critical reference material, such as the technical section, is updated and remains accessible. Work on additional statistics, such as attributable risk, will continue and be incorporated into CiNA\*Explorer.

## **NAACCR Call for Data**

Now that our annual conference has passed, that can only mean that Call for Data season is upon us. The majority of the Call for Data resources have been updated <https://www.naaccr.org/call-for-data/>.

Our Call for Data timeline is similar to prior years:

- August 28, NAACCR Call for Data Instructional Webinar
- September 1, NAACCR Documents Tab and Edits updated
- 2<sup>nd</sup> week of October, NAACCR\*Prep and Configuration Files released
- November 1, Call for Data Portal Opens
- December 5, Call for Data DUE!

As described in the Spring RDU Update, for the purpose of Certification, we will be requiring full patient-level deduplication and Year 1 of the tumor-level deduplication will be rolled out. Patient-level deduplication will be assessed based on the honor system, and we will collect information in the CFD Portal similar to last year. However, tumor-level deduplication will be assessed on your submission file.

To calculate the duplicate rate accurately, registries will be submitting their Match\*Pro archives as well as the day of diagnosis to ensure our evaluation of tumor-level deduplicate assessment matches each registries assessment. More information will be found in the Call for Data Materials and on the Instructional Webinar.

**2021 Completeness:**

At this time, there is no evidence of wide-scale reduction of cases due to changes in medical care and access. However, the workgroup that addressed the adjustment of the 2020 Completeness estimate to accommodate the impact of Covid-19 is still meeting to assess and discuss 2021 completeness. This workgroup will again review submitted data and will identify a standard method of adjustment to the 2021 data *if needed* for both NPCR and NAACCR.

This workgroup will have the same two goals in mind when assessing whether the Completeness Method for Certification needs to be adjusted for 2021 diagnosis year:

- Do not penalize registries for decreased numbers of cancer cases *diagnosed* due to changes in medical access.
- Do not adjust away operational issues (due to COVID-19 or other factors) that resulted in decreased number of cancer cases

**NAACCR Special Edition of JRM**

**Reminder:** Articles are due for the *NAACCR Special Editon of the Journal of Registry Management* by October 3, 2023. We are looking for write ups of your research as well as “How I Did It” articles and editorials.

**Please submit all articles for review directly to me: [rsherman@naaccr.org](mailto:rsherman@naaccr.org).**

More information on submissions, including author instructions and past Special Editions, is available here: <https://www.naaccr.org/jrm/>.

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As always, if you have any questions, concerns, revolutionary ideas, or new projects that might get us an Ig Noble Prize in the NAACCR Research and Data Use area, please contact me [rsherman@naaccr.org](mailto:rsherman@naaccr.org).

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## Highlights from the Program Manager of Standards



**Lori Havener, CTR**  
 Program Manager of Standards  
[lhavener@naaccr.org](mailto:lhavener@naaccr.org)

NAACCR Data Standards and Data Dictionary Version 25		
Implementation Timeline		
Activity	MLTG Deadlines	Comments
Proposed requests for new data items and revisions to existing data items that require field testing submitted to the Mid-Level Tactical Group (MLTG).	7/1/2023	Data items approved by MLTG will be sent to the Uniform Data Standards Work Group (UDS WG) for preliminary review
Field testing initiated	10/1/2023	
Proposed requests for changes to existing data items that do not require field testing submitted to MLTG.	10/1/2023	MLTG may elect to require field test on changes*
Other planned changes (e.g., staging, ICD-O-3.2, SSDI schemas, etc.) reported to MLTG.		
MLTG informs the High-Level Strategic Group (HLSG) of all planned changes for 2025.	1/1/2024	
MLTG transmits proposed revisions to UDS WG.	1/1/2024	UDS will review all information provided
Field test results reported to MLTG.	3/1/2024	MLTG votes on proposed revisions and makes recommendation to HSLG.
HLSG reviews/approves changes to be implemented in 2025.	4/1/2024	
HLSG/MLTG transmits new standards approved for implementation to UDS WG.	4/1/2024	UDS updates NAACCR Data Standards and Data Dictionary
Standard setters provide their requirements for the Data Standards and Data Dictionary Required Status Table and the Reportability table.	5/1/2024	
UDS WG final review and approval of the Data Standards and Data Dictionary.	6/1/2024	
UDS WG submits NAACCR Data Standards and Data Dictionary, V25 to the Standardization and Registry Development Steering Committee for review/approval.	6/15/2024	
NAACCR Data Standards and Data Dictionary, V25 Released.	7/1/2024	

## The NEW NAACCR Data Standards and Data Dictionary

Hope you all have had an opportunity to look at the NEW [Data Standards and Data Dictionary](#) (DS&DD)! One of the NAACCR Task Forces developed a requirements document, approved by the NAACCR Board, to start the work on restructuring the DS&DD to meet the needs of internal and external stakeholders and collaborators, making the DS&DD easier to manage and more user-friendly. If you have not already done so, please take time to view the [demo](#) of the new DS&DD.

\*Changes to existing data items that result from experience in collecting the data, questions received from registrars or reliability studies generally will not require field testing. However, changes to codes made for other reasons may require field testing to ensure that the new codes and coding instructions can be accurately applied in registry settings. Change requests made in October that the MLTG determine need to be field tested may postpone the implementation year.

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## [NAACCR Education and Training Program Update](#)



***Jim Hofferkamp, BA, CTR***  
*NAACCR Program Manager of Education & Training*  
[jhofferkamp@naaccr.org](mailto:jhofferkamp@naaccr.org)

### NAACCR WEBINAR SERIES

Coding Pitfalls webinar. Our co-host this year is Janet Vogel. Janet spends a great deal of time performing QC on abstracts for CoC facilities. For our webinar she is using that experience to identify common coding errors. We will primarily focus on breast, prostate, bladder, and kidney.

If you have not yet subscribed for the [2023-2024](#) webinar series, you should do so ASAP! We have a great line-up this year.

We will kick off this season with a two-part in-depth review of abstracting lung cases. Wilson Apollo will co-host our first session, and we will focus on surgery, lymph node related data items, systemic treatment, and radiation. Denise Harrison will co-host the second session when we will review the Solid Tumor Rules, SSDIs, and staging.

Please note that we have a couple of changes this year. First, the price of the webinar subscriptions has gone up for the first time in eight years. The increase reflects all of the work of NAACCR staff and outside subject matter experts that make the NAACCR Webinar Series such a valuable resource to the cancer registry community. Second, we have moved most of the afternoon sessions to Wednesdays. Morning sessions will remain on Thursdays.

For more information or to subscribe see the NAACCR 2023-2024 Webinar Series page at <https://education.naaccr.org/next-year-webinar-series>.

## 2023-2024 Monthly WEBINARS AT A GLANCE

- Lung 2023 Part 1
- Lung 2023 Part 2
- Radiology and Radiation (R&R)
- Liver and Bile Ducts 2024
- Pancreas 2024
- Boot Camp 1 2024
- Boot Camp 2 2024
- Ovary 2024
- Thyroid 2024
- Life in a CoC Accredited Facility in 2024
- CNS 2024
- Coding Pitfalls 2024

### NAACCR CTR Prep and Review

We just wrapped-up our CTR Prep series in preparation for the June/July exam and are starting the series for the October exam!

If you or your staff are planning on taking the CTR exam anytime soon, please review what we have to offer. Additional information is available at <https://education.naacr.org/ctr>.

### PRINCIPLES OF CANCER REGISTRIES

“Principles of Cancer Registries” is a three-part series targeting developing registries from low- and middle-income countries. The series reviews where data comes from, how abstracts are processed in a central registry, and how to assess registry data. Dr. Fernanda Michels, NAACCR’s Program Manager of Data Quality and Integration, has written an [excellent article](#) that is included in this version of the *Narrative*. You can also find more information at <https://education.naacr.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](#)!

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**Angela Martin, CTR**  
NAACCR Trainer/Project Coordinator  
[amartin@naacr.org](mailto:amartin@naacr.org)

#### September 2023

9/5/2023	NAACCR CTR Exam Prep and Review Webinar Series Session 3
9/7/2023	NAACCR Webinar Series: Coding Pitfalls 2023
9/12/2023	NAACCR CTR Exam Prep and Review Webinar Series Session 4
9/14/2023	NAACCR CTR Exam Prep and Review Webinar Series Session 5
9/26/2023	NAACCR CTR Exam Prep and Review Webinar Series Session 6

## October 2023

10/3/2023	NAACCR CTR Exam Prep and Review Webinar Series Session 7
10/5/2023	NAACCR Webinar Series: Lung 2023 Part 1
10/10/2023	NAACCR CTR Exam Prep and Review Webinar Series Session 8

For more information about NAACCR education and training opportunities, or to register online, go to the Education and Training site <https://education.naacccr.org/upcomingevents> or contact [Angela Martin](#)

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## Publication Information

### NAACCR Board of Directors, 2023-2024

#### **President:**

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### **ESTABLISHED IN 1987, NAACCR, INC. IS SPONSORED BY THE FOLLOWING ORGANIZATIONS AND AGENCIES:**

American Cancer Society	College of American Pathologists
American College of Surgeons Cancer Programs	National Cancer Institute
Canadian Partnership Against Cancer	National Cancer Registrars Association
Centers for Disease Control and Prevention	Public Health Agency of Canada

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NAACCR members are encouraged to submit articles at any time; if you have an article for the *NAACCR Narrative*, please submit it to the *Narrative* Managing Editor for consideration:

Monica Thornton

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