

Registry Updates

Congratulations to **Kristin Walsh**, CTR and Indiana Cancer Registrars Association (ICRA) liaison from St Joseph Hospitals at Mishawaka and Plymouth with being elected chair of the newly formed Registry Advisory Council (RAC). The mission of RAC is to be the collective voice of professionals working together to evaluate the operations of Indiana State Cancer Registry (ISCR) and to inform program improvement.

This committee will meet quarterly with the purpose to review progress made by ISCR while answering the defined evaluation questions and to monitor Performance Measures (PM) set by the Centers for Disease Control and Prevention (CDC). The first meeting of RAC was held virtually Dec. 18, resulting in the election of the chair and the adoption of RAC bylaws, ISCR Evaluation Plan, and review of evaluation questions that will guide the work of RAC. As part of program monitoring and evaluation, we will work together to enhance data quality, completeness, use, and dissemination; use surveillance systems to help assess the cancer burden; and support partnerships for cancer prevention and control.

ISCR is happy to receive self-nominations from CTRs to serve as members of RAC as outlined in December-2023 newsletter, and to get suggestions for improvement.

Software and Tools

National Program of Cancer Registries (NPCR)

CDC develops software programs to make the process of collecting and processing data more efficient and accurate for medical facilities and registries. CDC offers these software programs, which are compliant with national standards, free of charge to the public health community.

- Registry Plus: suite of publicly available free software programs for collecting and processing cancer registry data.
- NPCR-EDITS (Exchangeable-edits, Data-dictionary, and Information Translation Standard): CDC developed the NPCR-EDITS tools to implement NPCR.
- Data Security: All registries that submit data to NPCR should have a security policy that is specific to the
 needs of the registry and the organization in which the registry operates.

Source: NPCR

Game Time!

Can you match the word to the abbreviation?

A.	Abnormal	1. PT
В.	Antibiotics	2. ABN
C.	Adenopathy	3. GYN
D.	Bilateral	4. LRG
E.	Biopsy	5. BX
F.	Complaint (-ning) of	6. CHR
G.	Centigray	7. BIL
H.	Chronic	8. NML
I.	Disease	9. ENL
J.	Enlarged	10. ADEN
K.	Follow-up	11. FU
L.	Gynecology	12. HORN
M.	Hormone	13. NE
N.	Impression	14. C/O
0.	Large	15. IMP
P.	No evidence	16. CGY
Q.	Obstructed	17. ABX
R.	Palpated	18. POST
S.	Posterior	19. PALP
T.	Patient	20. DZ
U.	Normal	21. OBST



NAACCR Recommended Abbreviation List

Per NAACCR: Even in the age of computerized abstracts with coded fields, text is still required to supplement and support coded information. In writing this text, registrars rely on abreviations, especially in response to time and record space constraints. Abbreviations can generate confusion, however, as they may vary among different institutions and different specialties. Because abbreviations should be understood by any reader, only those that are clear and precise should be used. The NAACCR Recommended Abbreviations Lists were compiled for cancer abstractors and the agencies to which they submit their data.

For more training on text and abbreviations, join the IDOH monthly webinar!

Source: NAACCR Abbreviations

A2, B17, C10, D7, E5, F14, G16, H6, I20, J9, K11, L3, M12, N15, O4, P13, Q21, R19, S18, I1, U8

Upcoming Training

Sign Up for IDOH Monthly Webinar Series: Text Validation

When is it? Noon EST, Jan. 30

What is it? Upon completion of this course, the attendee will be able to put into action the elements involved with validating text entries to data field entries. The attendee will be trained to identify errors related to text to code abstracting. The attendee will leave this webinar with a better understanding of the importance of substantiative text in abstracting.

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Where do I sign up? CLICK THIS LINK

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