Indiana Department of Health

Indiana State Cancer Registry Updates

Nicole Ly, RHIA, ODS-C
Cancer Registry Administrator

Rachael Scanlan, RHIA
Cancer Registry Administrator

11/6/2026

AGENCY PRIORITIES

1. Improving Maternal and Infant Health
2. Prevent Chronic Disease
3. Strengthen Data Quality and Transparency

ISCR Staffing Updates

- New arrivals:
  - February 2026: Nicole Ly, RHIA, ODS-C
  - July 2026: Rachael Scanlan, RHIA
- Mid-August: departure of registry director Ainur Aiypkhanova
- Cancer Registry Director position is open until 11/11 and posted at Workforindiana.in.gov

ISCR Website

- IN.GOV>IDOH>HHS>Division of Chronic Disease, Primary Care and Rural Health>Cancer>Cancer Registry
- The ISCR website can be used for:
  - Contact updates
  - Facility updates
  - ISCR newsletter subscription
  - Policy and procedure manuals

Reminder: Information Updates

- Contact updates: staff changes, contact information, etc.
- Facility information updates: ownership changes, NPI, software, etc.
- **Keep information up to date with this form:**



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Reminder: WebPlus File-Naming Convention

- Files uploaded in WebPlus *must* follow ISCR naming convention:
  1. Start with 3-digit facility ID
  2. Then the word “Data”
  3. End with the date the file is uploaded (DDMMYYYY)

- Example: facility ID 333 uploading on 07/01/2026 would use:

  333Data07012026

- Multiple same-day uploads: add a dash (-), and number to the end of the file name: 333Data0701206-2, 333Data0701206-3, 333Data0701206-4, etc.

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Case Correction Updates

- Per April 2026 ISCR Newsletter, we are accepting case corrections. Submit these by:
  - WebPlus upload: use file naming convention, add "_MOD" to the end of file name (e.g., 333Data07012026_MOD)
  - AND send an email to CancerRegistry@health.in.gov to let us know correction reports were uploaded
- Refer to Chapter 6 in the ISCR policy and procedure manual for more information

Save a Tree: Convert to E-Reporting

- ISCR requests all reporters to convert to e-reporting if possible
- Need a WebPlus account, or have a question/concern?
  - Send an email to: CancerRegistry@health.in.gov
- Check ISCR's Policy and Procedure Manuals page for more information on e-reporting



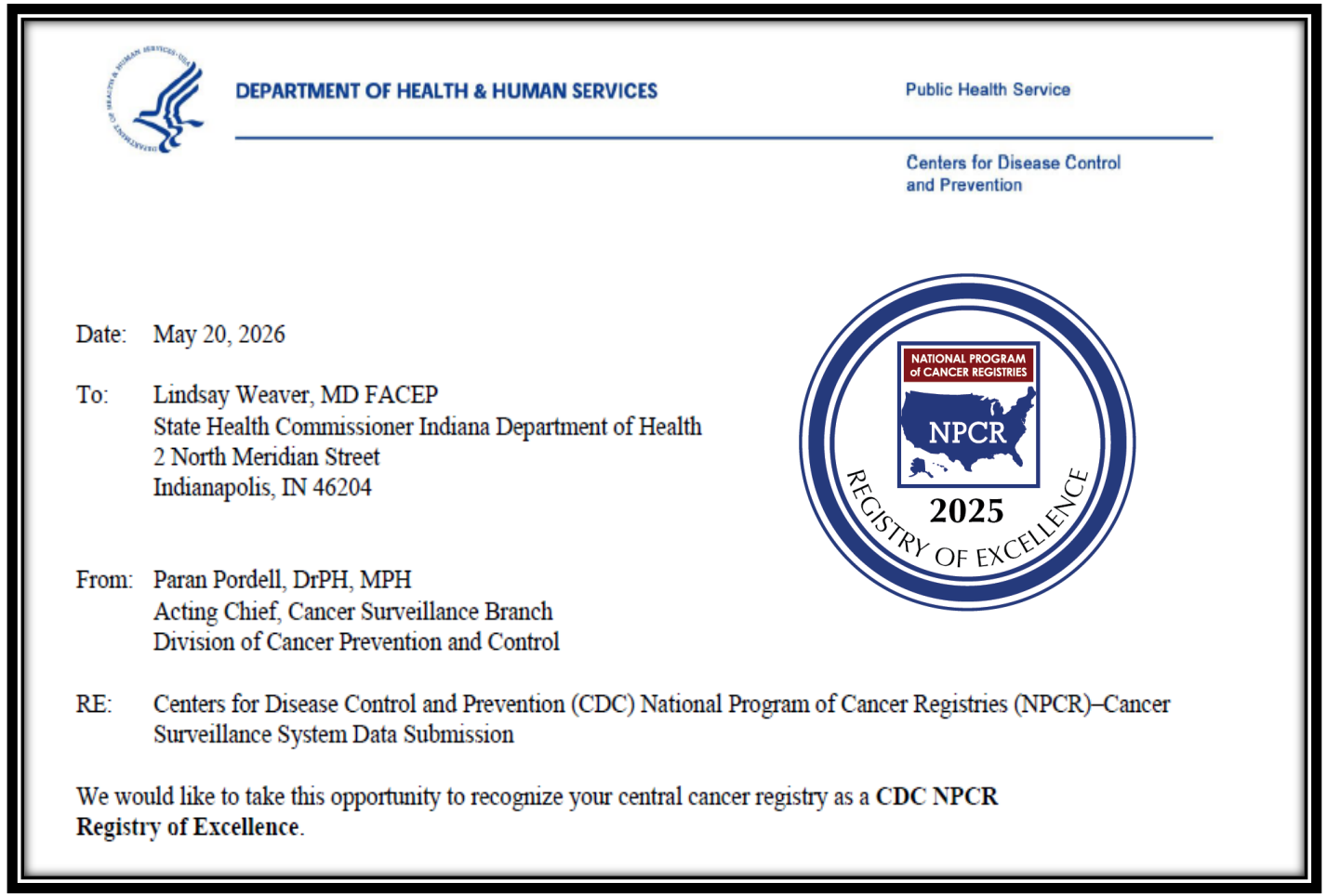
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Showing appreciation

- Kudos to Cancer Registry Operations Manager Patrick Sweany for leading e-reporting initiative, assisting facilities
- Thank you to facilities who are currently e-reporting:

26 out of 41 **(63%)** non-hospital reporters who have historically been reporting via Fax, RightFax or mail to the Indiana State Cancer Registry have been converted to e-reporting to date

ISCR: 2025 CDC NPCR Registry of Excellence



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control and Prevention

Date: May 20, 2026

To: Lindsay Weaver, MD FACEP
State Health Commissioner Indiana Department of Health
2 North Meridian Street
Indianapolis, IN 46204

NATIONAL PROGRAM of CANCER REGISTRIES
NPCR
2025
REGISTRY OF EXCELLENCE

From: Paran Pordell, DrPH, MPH
Acting Chief, Cancer Surveillance Branch
Division of Cancer Prevention and Control

RE: Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR)–Cancer Surveillance System Data Submission

We would like to take this opportunity to recognize your central cancer registry as a **CDC NPCR Registry of Excellence**.

- Received May 20, 2026
- Met all CDC NPCR Standards for Data Completeness and Quality
- ISCR one of twenty central registries recognized

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Data submitted to NAACCR in 2025

Overall:

Silver

Standard

Indiana Cancer Registry

NAACCR
Registry Certification on Quality, Completeness & Timeliness of 2023 Data
Summary of Certification Measures

Registry Element	Gold Standard	Silver Standard	Actual Measure*	Measurement Error Allowed	Standard Achieved
1. Completeness of case ascertainment	95%	90%	98.8%	-1.0%	Gold
2. Completeness of information recorded					
▸ Missing/unknown "age at diagnosis"	<=2%	<=3%	0.0%	0.4%	Gold
▸ Missing/unknown "sex"	<=2%	<=3%	0.0%	0.4%	Gold
▸ Missing/unknown "race"	<=3%	<=5%	0.7%	0.4%	Gold
▸ Missing/unknown "State/Province & county"	<=2%	<=3%	0.0%	0.4%	Gold
3. Death certificate only cases	<=3%	<=5%	3.7%	0.4%	Silver
4. Duplicate primary cases	<=0.1 per 100	<=0.2 per 100	0.00 per 100	0.04 per 100	Gold
5. Passing EDITS	100%	97%	100.0%	Not applicable	Gold
6. Timeliness	Data submitted within 23 months of close of accession year.				Gold
				Certification Status	Silver

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Source: NAACCR certification reports for 2025 submission

Death clearance: room for improvement

- Death clearance follow back is key for central registry success
  - 2023 rate exceeded the 3% mark (NAACCR) – hence Silver status
  - 2024 rate: **1.62% as**11/4/2026
- ISCR goal:
  - Streamline follow-back process
  - Conduct monthly/quarterly follow-back
  - Help facilities with case finding

Death clearance 2024 follow back

THANK YOU

for responding to follow-back requests!

We had record high 95% response rate

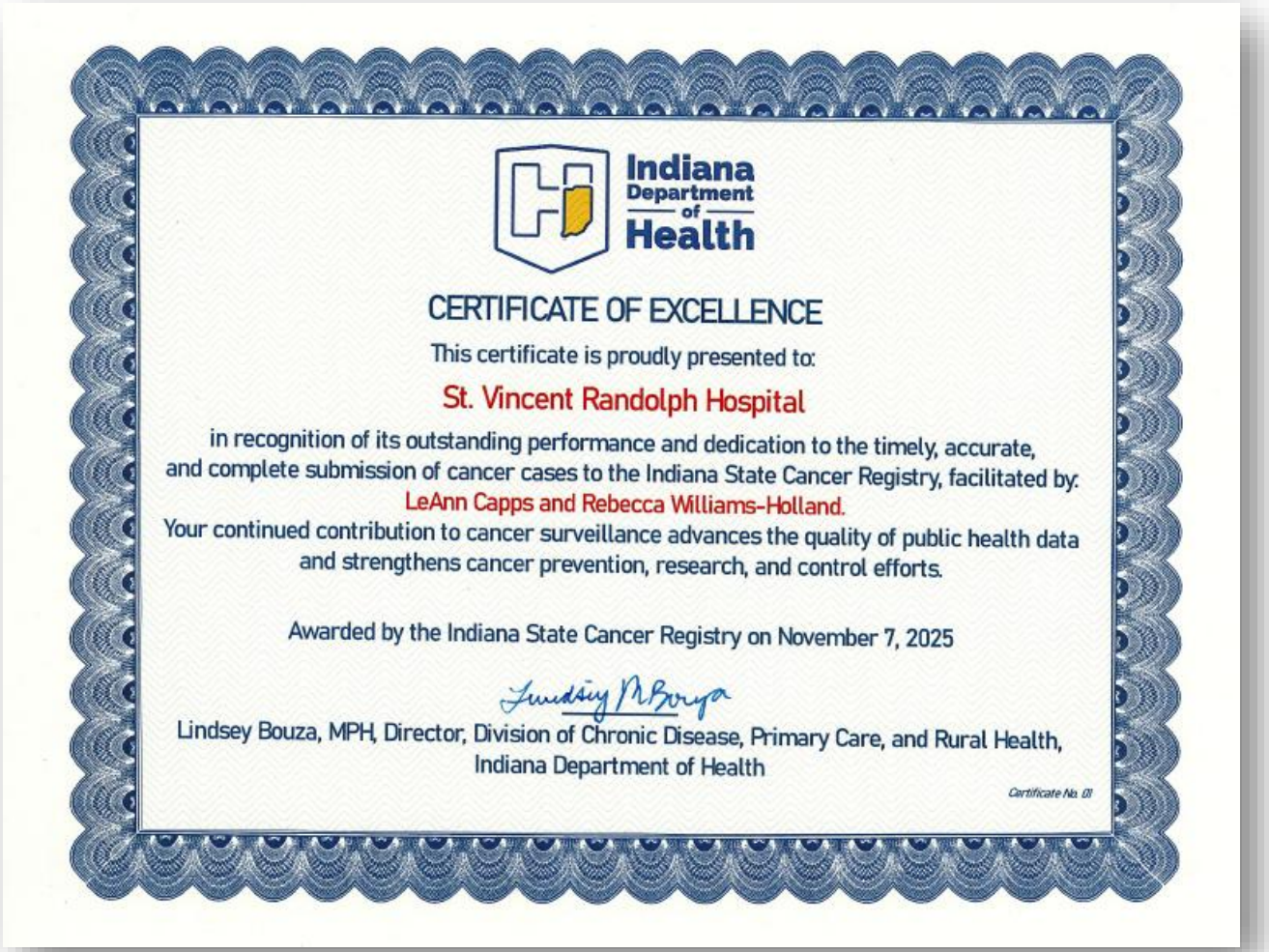
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ISCR Monitoring Facility Reporting

- Monitoring period: May – July
- Emailed 106 facilities with reporting status for Dx 2024 and Dx 2025 from SEER*DMS report RPT035B
- Same report used for facility awards decisions
- Response rate**: 52.8%** *(56/106 facility responses)*
- Informal remediation plans: 12 facilities
  - Emails sent with corrective action
- Second follow up: 31 delinquent and/or non-responsive facilities
  - Grouped under parent facility for larger hospital networks

Facility awards for excellence in reporting

- Administered by the Registry Advisory Council of IDOH
- Facilities divided into five groups based on number of reported cases per year:
  - Under 20 cases/year
  - 20-99 cases/year
  - 100-499 cases/year
  - 500-999 cases/year
  - 1000+ cases/year



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CERTIFICATE OF EXCELLENCE

This certificate is proudly presented to:

St. Vincent Randolph Hospital

in recognition of its outstanding performance and dedication to the timely, accurate, and complete submission of cancer cases to the Indiana State Cancer Registry, facilitated by: LeAnn Capps and Rebecca Williams-Holland.

Your continued contribution to cancer surveillance advances the quality of public health data and strengthens cancer prevention, research, and control efforts.

Awarded by the Indiana State Cancer Registry on November 7, 2025

Lindsey Bouza, MPH, Director, Division of Chronic Disease, Primary Care, and Rural Health, Indiana Department of Health

Certificate No. 01

Facility Award Criteria:

- 100% Electronic reporting
- Timeliness and completeness of cancer case reporting
  - Dx 2025 **100%** or more of expected* cases
    - **expected defined as % of average for reported 2021-2023 cases*
  - Dx 2026 **0<** expected* cases (6-months reporting rule)
    - **expected defined as % of average for reported 2021-2024 cases*

Sample report from SEER*DMS

RPT-035B

10-02-2026 02:19:14PM

Indiana State Cancer Registry
Abstracts by Facility and Year of Diagnosis
10.2.2026 @ 2pm

Facility	2022	2023	2024	2025	2026	3-Year Avg (2022-2024)	% Expected 2025
	76	73	109	68	3	86	79.07%
	33	42	31	18	4	35	50.94%
	30	51	45	46	11	42	109.52%
	2,830	2,431	2,418	2,432	196	2,560	95.01%
	335	459	366	295	0	387	76.29%
	118	116	122	72	0	119	60.67%

Special recognition for excellence in reporting

Norton Clark Health

Size Group 20-99

Special recognition for excellence in reporting

Columbus Regional Health

Size Group 500-999

Completion Reporting Award 2026

St. Vincent Salem

Size Group 0-19

Completion Reporting Award 2026

Riverview Health

Size Group 100-499

Completion Reporting Award 2026

Witham Health Services

Size Group 100-499

Completion Reporting Award 2026

Good Samaritan Hospital

Size Group 500-999

Completion Reporting Award 2026

Deaconess Memorial Medical Center

Size Group 1000+

Completion Reporting Award 2026

Parkview Cancer Center

Size Group 1000+

Thank You!

Questions/Comments:

- CancerRegistry@health.in.gov

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