**Cancer Registry Standard Operating Procedures (SOP) for Cancer Data Collection, Entry, and Reporting For All Island Registrars Before Submission to Pacific Regional Cancer Registry (PRCCR) in Guam (based on CNMI process)**

**Purpose:** To describe the step by step process to be followed by Island Registrars, regardless of location, when collecting, verifying, and cleaning cancer data before submitting data to PRCCR for NPCR aggregate reporting. This SOP aims to standardize registrar processes to the extent possible and facilitate meeting reporting deadlines and milestones throughout the NPCR reporting year.

**Please note:** The offices contacted to access data items or verify information or the data sources available may be different for each Island and there may be less availability of complete data on some Islands, so there may be less steps to follow based on Island. This SOP is meant to serve as a model for good data entry, management, management, and reporting practice. The target audience for this job aid are Island Registrars involved in data collection, cleaning, and reporting so that processes and steps can be standardized across PIJ before data is reported up to Guam, and University of Hawaii before submission to NPCR in Atlanta, Georgia.

**Step 1**

**Health and Vital Stats Office (HVSO)**

1) Cancer Registrar sends an email to HVSO Program Manager in the beginning of the year (January) requesting a list of all cancer diagnoses for the previous year. HVSO is given a deadline to provide the listing within 2 weeks after the email request was sent.

2) If listing has not been received by Cancer Registrar within 11 days, Cancer Registrar will send an email to HVSO Program Manager 3 days prior to deadline of cancer listing request.

**Step 2**

**Medical Referral Office (MRO)**

Cancer Registrar calls MRO Case Worker to request a quarterly listing of all cancer patients referred off-island for follow-up care or treatment. The listing is provided to the Cancer Registrar immediately after the call or within 1 day.

**Step 3**

**Data Quality Assurance (QA)**

1) Once listing is received from Health and Vital Statistics Office and the Medical Referral Office, the Cancer Registrar starts to conduct QA on all patient listings received. Patients who have been identified as non-cancer (CIN III) diagnosis, are removed from the priority listing and a separate excel form is made specifically for CIN III cases as a third priority entry. PIJ collects CIN III data for programmatic, surveillance, and research purposes. NPCR does not require CIN III reporting for PIJ.

2) Cancer Registrar uses the Electronic Health Records (EHR) system to review data for each patient. If patient does not have any information pertaining to Cancer in the EHR, CR then requests for the paper medical records of the patient from the Medical Records Office.

3) Cancer Registrar reviews all available information to identify the actual year of cancer diagnosis. If diagnosis year is between 2007-2014 (if the reporting period is for the 2016 timeframe), then Cancer Registrar labels these patients as 2nd priority for entry and creates an electronic file for these patients. **All 2015 and 2016 cases are first priority for cancer registry data entry and submission.**

**Step 4**

**Case Validation**

1) Cancer Registrar then validates the case using pathology reports, treatment information, operative reports, and any other relevant information that is available.

2) At this point, Cancer Registrar must ask: Is there information available to validate the case?

\*\*If not, please contact Laboratory, Radiology, Chemotherapy Unit (if applicable) to request reports.

\*\*\*If yes, then proceed to enter cancer case data.

**Step 5**

**Data Entry**

1) Enter all data into Abstract Plus. Make sure you are as thorough as possible to help in making data validation easier.

2) Run Edit Report or save your work prior to closing the case. This will allow for errors to be identified and prompt the CR to correct the error, if needed.

**Step 6**

**Case Upload**

1) Upload all cases to PRCCR at least once a week.

2) Ensure that an email notification is sent to PRCCR (Melani or Glen) informing them of the incoming upload.

\*Please make sure that the email contains the following information pertaining to the patient: Patient initials; Abstract ID#; Gender; and Psite. This will help Melani and Glen track the case as it is uploaded.

3) When uploading to PRCCR, make sure that patient information, such as, patient initials, gender, Psite and Abstract ID# are mentioned in the text box of the Web Plus upload component.

**Step 7**

**Tracking Sheet**

1) For every upload process, update Jurisdiction Tracking Sheet and send to Melani and Glenn with a cc to Dr. Lee

2) When a case is rejected by PRCCR and errors have been corrected, make sure to update tracking sheet and re-send to Melani and Glen.