**Pacific Regional Central Cancer Registry (PRCCR)**

University of Hawaii Cancer Center / Hawaii Tumor Registry (SEER DMS)

*Technical assistance and training for abstracting, CRSPlus / LinkPlus / WebPlus installation; Epi support*

NCI U54 Minority Institution/Cancer Center Partnership grant

University of Guam

Cancer Research Center Guam

Chuuk State *AbsPlus*

Kosrae State *AbsPlus*

Pohnpei State *AbsPlus*

Yap State *AbsPlus*

Federated States of Micronesia (National) FSMN

*AbsPlus*

Republic of the Marshall Islands

 *AbsPlus*

American Samoa

*AbsPlus*

Commonwealth of the Northern Marianas Islands

*AbsPlus*

Republic of Palau

 *AbsPlus*

Ebeye Hospital

**University of Hawaii Department of Family Medicine & Community Health**

(Administrative & TA office in Honolulu)

*QC/data cleaning and stats support*

*Verify data submission, other CDC reporting*

*TA for: AbsPlus maint & upgrades, IT, Data Viz & report writing, accurate data use*

*Data Analysis / Reports (Surveillance, other) / Grants / USAPI Regional CCC Program / Program Eval*

*Partnerships with UHCC, HTR, PIHOA, UH TASI, PBTRC, CDC (NCCDPHP, DCPC, Immuniz, STI), HHS Region IX*

Cancer Council of the Pacific Islands (CCPI) & Pacific Cancer Coalition

(Advisory Committee for PRCCR and Pacific Regional CCC Program)

 (Advisory Committee)

Guam Cancer Registry

 *AbsPlus*

**USAPI Pacific Regional**

**Central Cancer Registry** (NPCR)

Regional Registrar & *Registry Plus* Databases in Guam (University of Guam)

*100% Visual Editing / QC / Data Submission*

**CDC National Program of Cancer Registries (NPCR)**

Tinian Hlth Ctr

Rota Hlth Ctr

*WebPlus*

All jurisdiction registrars do direct data collection at their hospital & other clinical sites. FSMN de-duplicates prior to transmission to PRCCR

 **DATA FLOW AND REPORTING CHART**

Frequency of reporting various types of abstracts to PRCCR and FSM National

* Jurisdictions each function as a mini-central registry and generally hold onto abstracts until they are fully complete. Once complete, they transmit to PRCCR. The FSM States transmit to FSM National where he does additional visual editing, checking against the National databases (health info system, vital statistics) and consolidation (which is rare that there would be duplicates). Felix then transmits to Melani – usually 5-10 cases/month.
* They are instructed to submit in small bundles – 3-5 cases at a time as they finish. At most this is once a week, more often every month (it depends on which jurisdiction)
	+ In some cases, if there is a tremendous delay in getting information back from off-island referrals, then they will submit an abstract that contains the incidence data (and demographics).
	+ In these instances, they will submit a modified abstract with all of the completed staging and treatment information. This would happen rarely – perhaps several times a year and just a few cases.
* Updated vital status, death cause and other minor corrections
	+ To avoid confusion / overwriting, Melani prefers that each registrar send her an email info on a particular abstract, including what fields need to be updated to what new value. We discussed and confirmed this after the call on 5/30/17.

Other types of information flowing through PRCCR and/or to individual PIJ registries

* Guam cancer registry receives some flat files (non-NAACCR) PDFs from reporting facilities via WebPlus so that they can minimize driving time
* Hawaii Tumor Registry will send information on cases treated here in Hawaii back to the jurisdictions.
	+ Typically, the case is partially abstracted, in which case a NAACCR layout file is prepared and the jurisdictions are given instructions to download the file. They then import into AbsPlus and make any updates/corrections if that case was already in their local database
* Other States’ data exchange
	+ Done through WebPlus, typically (the relevant folks (i.e., Guam and PRCCR) will be granted access to Oklahoma’s CCR Webplus to download the file