#### Georgia Meets the Highest National Data Quality for Cancer Registry



Cancer is a notifiable disease in Georgia. The Georgia Comprehensive Cancer Registry (GCCR) collects data about all newly-diagnosed cancer cases among Georgia residents whether they were diagnosed and/or treated in Georgia or out of state. Each year, GCCR submits Georgia data to the North American Association of Central Cancer Registries, Inc. (NAACCR). NAACCR is a professional organization that develops and promotes uniform data standards for cancer registration, certifies population- based registries; and promotes the use of cancer surveillance data and systems for cancer control and epidemiologic research; public health programs, and patient care to reduce the burden of cancer in North America. NAACCR The registry certification metrics are pre-determined and established by NAACCR. The sole purpose of the review is to indicate that the data from the year are of sufficiently high quality to use in the calculation of standard incidence statistics (i.e., for specific cancer types and for sub-state/province area [county] by sex, race, and age within the registry jurisdiction). In November 2013, Georgia submitted 2011 cancer data for evaluation, In June 2014, Georgia received its Gold Certification for the 11<sup>th</sup> year.

NAACCR Criteria for Registry Certification of Data Quality

Criteria	Registry Certification	Georgia Data Quality
Data Years	2011	2011
Completeness	90% Silver	
_	95% Gold	100% Met Gold
% Passing Data Edits	97% Silver	
	100% Gold	100% Met Gold
Death Certificate Only Cases	<=5% Silver	
	<=3% Gold	1.3% Met Gold
Timeliness	Received by December 2,	GCCR submitted
	2013 (within 23 months)	November 1, 2013 (22 months) Met
Duplicate reports	<=2/1,000 cases Silver <=1/1,000 cases Gold	0.8/1,000 cases Met Gold
Missing Data Field	<=3% Silver	
(Sex, Age, County)	<=2% Gold	0% Met Gold
Missing Data Field Race	<=5% Silver	
	<=3% Gold	0.6% Met Gold

Additionally, GCCR is funded by the Centers for Disease Control and Prevention, National Program of Cancer Registries (CDC/NPCR), Georgia is required to submit data yearly by the end of each year on data 24 months after the close of a calendar year. CDC/NPCR, evaluates Georgia 24 months data for completeness, timeliness and accuracy and assess Georgia's progress toward meeting the National Data Quality Standard (NDQS) as well as evaluate the 12-month data to assess if Georgia meets the Advanced National Data Quality Standard (ANDQS). For the most recent submission of the 2011 Georgia met and exceeded NDQS criteria. Thus Georgia Cancer Registry data determined to be fit and will be included in the U.S. Cancer Statistics Registry for Surveillance.

2011 Cancer Diagnosis Year (24 Months after the Close of Calendar Year)

Criteria	National Data Quality Standard	Georgia Data Quality
Completeness	95%	Met
Death Certificate Only	3%	Met
Cases		
Unresolved Duplicate	1/1,000	Met
Critical Data Element	<=2%	Met
(sex, age, county)		
Critical Data Element	<=3%	Met
(race)		
Passing Edits	99%	Met

# North American Association of Central Cancer Registries



The Board of Directors certifies that

the Georgia Comprehensive Cancer Registry

has attained the

NAACCR Gold Standard

for Quality, Completeness, and Timeliness

President, NAACCR

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National Program of Cancer Registries

## 2013 Registry of Excellence



The Key to Cancer Control

Awarded to

### GEORGIA COMPREHENSIVE CANCER REGISTRY

In recognition of providing complete and timely National Program of Cancer Registries data in

2013





29 July 2014

Christie R. Eheman, PhD, MSHP

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National Program of Cancer Registries
U.S. Cancer Statistics Registry for Surveillance

### GEORGIA COMPREHENSIVE CANCER REGISTRY

Provides critical and high-quality data that are included in the official federal statistics on cancer incidence and mortality, United States Cancer Statistics (USCS). USCS data are used to assess the cancer burden, inform and evaluate prevention efforts, and address disparities. USCS is produced annually by the U.S. Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI).



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29 July 2014

Date

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