Although current registry software may not include on-demand reports for monitoring progress toward the 12- and 24-month submission standards, central registries can take some steps to monitor these on their own.

Ensure that at least 1–2 staff are trained in writing queries and reports within the software programs employed by the central registry, as well as in additional tools, such as SAS, Excel, and/or Access.

- Registries may wish to contact their software provider or their department- or university-wide IT support for training opportunities. Additional free training opportunities are available on the web.

Monitor the registry’s progress toward the 12- and 24-month reporting standards on a monthly or quarterly basis.

- A rough estimate of completeness may be derived using the expected number of cases from the CDC Data Evaluation Reports from the previous few years.
- It may be helpful to monitor completeness by primary site, county, diagnostic confirmation, or other factors to assist in identifying where cases may be missing.
- Monitor the proportion of consolidated cases with unknown age at diagnosis, sex, race, and county at diagnosis.

Monitor reporting facility completeness and timeliness to ensure all cases have been received in a timely manner (refer to Tips to Monitor Facility Completeness and Timeliness).

Develop an annual schedule of cancer registry operations to be completed throughout the year to ensure key processes are performed in a timely fashion. The schedule might include the following:

- Processing pathology reports
- Conducting follow-back
- Quality control audits and activities
- Operational linkages (for vital status, follow-up, and demographics)
- Duplicate resolution
- Interstate data exchange
- Geocoding
- Death clearance
- Case-finding audits

This tip sheet was developed based on contributions from central registries throughout North America. It is not meant to lay out a specific methodology, but rather as a starting point for more in-depth discussions, development of tools, and the establishment of new processes or practices within individual registries as appropriate.

This publication was supported by the Cooperative Agreement Number 6-NU38OT000286-01 funded by the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the author and do not necessarily represent the official views of the CDC or the U.S. Department of Health and Human Services.

For more information, please visit [www.naaccr.org](http://www.naaccr.org).