Strategic Planning and Alliances Steering Committee May 4, 2023 Meeting Notes

Attendance				
Randi Rycroft (chair) Jenna Mazreku Iris Zad	Dryden Guest: Anjali Goswami nary Roshala	NAACCR Staff Present: Karen Knight Ann Marie Hill		
AGENDA ITEM	DISCUSSION		ACTION/FOLLOW-UP	
1. Roll – Karen				
2. Review April notes – Randi	Notes approved.			
 Discuss value of NAACCR – Randi/Anjali Anjali presented to the group her work, including member benefits, DEI & Policy/Advocacy: Identify NAACCR membership benefits with the interecruit additional sponsoring members. Interviewed eleven members. The biggest value was the data standards because used most often. Created a value proposition statement. Identify DEI practices to develop or collaborate with others to reduce disparities in cancer burden and in internal work environment. Did research/assessment practices from partner agencies. Could use voluntee groups, external sources such as TED talks, or invite speakers from different organizations to speak on Distrategies/importance in the workplace. Noted there be a collaborative opportunity with Stand Up 2 Candible them develop education materials related to standards for clinical trials or help promote their workstandards for clinical trials or	fundraising organization. Population base rarely overlapped with clinical trials work clinical trial enrollment does not well repopulation. He wondered if e-path could patients for clinical trials. A bill was introbut the clinical trial program was not im Ann Marie said they have been successfor provide grants. But recently they have be recruitment for their clinical trials. She was our data to educate them and poten providing data. Ann Marie asked if the value proposition interviews. Anjali confirmed it. Monique said leveraging external resour best way forward for that initiative. She partner organizations to consider. Anjal will provide them in her report. Monique	r her efforts. aid he thought they were a sed cancer registries have k, except to show how present the general do be used for identifying educed in CA and passed plemented. It in fundraising and seen encouraging equity in evondered if NAACCR could intially become a source of the was based on the easked if there were other is said there were, and she is said that would be ure projects. In aid anything unique. Anjality aluable to have a voice to	Anjali will share her slides with the group as well as her documents when complete.	

She also outlined some potential financial implications of four additional partner organizations. This would open opportunities for visibility, collaboration, funding, advocating for policies, etc.	Anjali has a number of documents including example DEI best practices and research of partner organizations.	
4. Updates from the Board – Randi		Randi will draft the
Randi said the Board is still determining their specific strategic initiatives.		report and metrics.
One deliverable for the Board is our next committee report, including progress on metrics, due June 1. Randi will draft the report and may send it to the group for feedback.		
5. Discuss what makes a high-quality registry – Randi/All One of the Board's strategic initiatives is updating certification. They asked that the SPASC describe what would make a high-quality registry.	Ideas discussed by the group: 1. Having collaborations with other registries and other external organizations. Examples: cancer advisory boards, NCI cancer centers. (Monique) Discussed whether it could be measured. Randi said may not need to measure at this point. 2. Following more aspirational standards. (Dennis) 3. Data use. (Betsy) 4. Being the voice of cancer data for cancer control in a state; advocating for participation in research, funding, etc. (Dennis) 5. Using linkages to enhance their data (Stephanie) 6. For operational standards, include recommendations in revised NAACCR Standards Vol. III for the qualitative activities that make a successful registry. (Stephanie) 7. Leadership in the cancer surveillance committee – participation, innovating, etc. May not be appropriate for certification, but perhaps for an "exceptional" acknowledgement. (Ann Marie) Stephanie said the College has an "exceptional" by standard. Encourages going above and beyond. (Stephanie) SEER has done this as well. 8. Share data back to reporting facilities (i.e., hospitals), such as a profile on facility assessments. (Winny) 9. Culture within a registry to innovate. (Winny) 10. Deduplicate cases between registries to improve data quality. (Betsy) 11. Improve deduplication within a registry. (Stephanie)	 Members to send any additional ideas to Randi. Randi will create a summary for the group working on certification.

	 Are there additional data quality measures? Have DCO rates by top five cancer sites? This could have registries prioritizing those sites. Or unknown race levels varying by site. The group noted they should be aware there may be unintended consequences. As path-only or claims reports increase, complete race and stage decreases. Add % missing/unknown for more fields. Coverage of reporting sources, i.e., ensuring physician and independent lab reporting. NPCR's annual evaluation includes percentage of reporting by source type. Need more than 0% of path, clinical, DCO reporting, for example. As we get new data items, how do we provide feedback on data quality on an ongoing basis? (Winny) Conduct activities to ensure data is complete and accurate. For example, link path report to Lexus Nexis to determine if a Florida case, link with DMV to enhance/validate race. (Monique) Efficient processes, i.e., more automation and few manual processes. (Wendy) Ensure staff are fully trained and up to date. (Wendy) Have CTRs on staff? NPCR standards include this. (Stephanie) 	
20. Assessment of potential/current partners – Randi/All	Tabled until the group can review Anjali's reports.	
21. In person meeting at NAACCR Conference – Randi SPA SC is scheduled to meet on Wednesday afternoon, June 21, 4-5 p.m. CT. We will have a remote connection option, which will likely be a phone.		Karen will follow-up with Charlie on updating the timing on the Conference page.
22. Liaison updates, if available – Randi/All	Canadian Council of Cancer Registries held their annual meeting this week – Betsy reported they want to coordinate more with NAACCR on educational activities. They are also working on process maps in their registries, which have turned out to be challenging. They also talked about consolidating resources at the federal level to support the provinces and territories. They promoted involvement in NAACCR committees and noted how collaborative our processes are. HLSG is narrowing down their activities/priorities, will be meeting at the conference and will be providing an update at the conference.	

	MLTG asked NAACCR to clarify the roles/processes of UDS versus MLTG. As a result of the Toronto Staging items not being approved, they will be looking at implementation issues earlier in the process. A subgroup is recommending a small advisory group to review any items that may have implementation issues. They would produce a list of questions for MLTG to review.	
23.Summarize meeting for reporting to the Board – Randi/All	Randi will provide the Board with a summary of what entails a high-quality registry and pieces from Anjali's work, if appropriate.	
Next Meeting is scheduled for June 6 th at 11:30 am ET		