

**Standardization and Registry Development Steering Committee**

March 26, 2026

<b>Attendance</b>					
<b>Members Present:</b>	Mary Brant Valerie Yoder (co-chair) Jenna Deniaud (co-chair) MaryJane King Georgia Yee	Sarah Burton Kaitlin Kruger Rich Pinder Valentina Petkov Michael Castera	Valerie Somma Leann Ticknor Donna Hansen Randi Rycroft Reda Wilson Rich Moldwin (guest)	<b>Board Liaison:</b> Josh Mazuryk	<b>NAACCR Staff Present:</b> Ashley Knealing Jim Hofferkamp Stephanie Hill
<b>AGENDA ITEM</b>			<b>DECISION</b>	<b>ACTION/FOLLOW-UP</b>	
<b>1. Roll</b>					
<b>2. Review minutes/action items</b>			February minutes approved.		
<b>3. Discussion Items</b>					
<p><b>a. Cancer Pathology Reporting WG report</b> The Cancer Pathology Reporting WG provided an update on the integration of Volume V to HL7 Laboratory Interface Reporting (LRI) IG. Josh explained the group is working with Sandy Jones to align CPT codes, specimen collection methods, and timestamp formats to meet HL7 standards, particularly focusing on OBX-3 and OBR-4 tables. Rich added this effort aims to gain official national requirements adoption. Ashley noted the HL7 ballot process is starting with the content freezing at the end of next week which will be followed by voting among HL7 members. The team discussed challenges with the transmission of fully encoded cancer pathology reports (eCPs) noting that about 90% of reports are not transmitted in the correct format. Rich explained that while national standards exist, enforcement is limited. Josh shared Ontario had success in enforcing proper data transmission due to funding that allowed hospitals to be paid for implementation and vendor engagement. The discussion highlighted that while Epic systems have the capability, most sites don't activate them during initial implementation, creating blocking information issues.</p> <p><b>b. ICD-O-3 processes update</b> Jim provided an update that the ICD-O-3, specifically Goncalo Forjaz, reviewed the blue books resulting in finding endocrine/neuroendocrine and skin new terms and changes in behavior will be implemented in 2027 and eye histologies will be implemented in 2028. An update providing ICD-O-3 and ICD-O-4 implementation process that Goncalo is working on reviewing WHO terms with ICD-O-3 codes, resulting in new preferred terms that were approved by the ICD-O WG and MLTG. The group discussed the differences between various workgroups, including the ICD-O WG, Cancer PathChart WG, and ICD-O-4 task force. Stephanie noted that MLTG would continue discussions about ICD-O-4 implementation at their April meeting, including defining roles for different groups involved in the process.</p>			After HL7 ballot process, compare and address alignment between the pathology reporting standard and the NAACCR data dictionary in coordination with relevant groups.	<ul style="list-style-type: none"> <li>• Jim invite Reda to ICD-O WG</li> </ul>	

<p>c. <b>Cancer Informatics Advisory Group report</b> Ashley reported that the CIAG is currently paused due to leadership and chair issues, while discussions are being held at the board level.</p> <p>d. <b>Modular Records Task Force update</b> Ashley provided an update that the Modular Records Task Force has completed setting up “buckets” for modular records and are researching existing resources and they are working on finalizing definitions and recommendations for next steps. The group aims to improve processes for handling modular records in preparation for potential real-time reporting capabilities. The group discussed the concept of modular or partial records, particularly in context of death certificate cases and other incomplete cancer records. Valerie S. explained how registrars create abstracts for cases with limited information, and Ashley clarified these would fall under the definition of modular records. The discussion highlighted the need to define clear protocols for handling partial records and the importance of coordinating with software vendors.</p> <p>e. <b>Mid-Level Tactical Group report</b> Valerie Y. provided an update on the XML WG’s upcoming presentation to MLTG about proposed treatment level changes and the status of v27, which included 23 revised and 58 new data items, with most of the new items being thoracic nodal stations.</p> <p>f. <b>Potential new task forces</b> The UDS WG proposed two new task forces related to data efficiency. Jim presented the 2027 data item efficiency task force which would evaluate data items to identify potential simplifications and discuss implementation ideas with software vendors. Stephanie raised concerns about creating new groups questioning whether vendor discussions could be handled by existing groups like the implementation guidelines task force. The second task force presented would address required historical fields.</p>	<p>The group decided to postpone making a final decision on the task forces at this time and revisit the proposal at the next meeting after gathering more use cases and further discussion.</p>	<ul style="list-style-type: none"> <li>• MRTF present final report at May meeting.</li> <li>• XML WG present proposal to MLTG on April 13<sup>th</sup>.</li> <li>• Jim revise and clarify the proposal of the potential task forces and post to the SHARE site; provide use cases for members to review.</li> </ul>
<p><b>4. Next Meeting</b></p>	<p>Thursday, April 23, 2026, at 12:00 – 1:30 pm</p>	