Board Strategic Priorities 2026-2029

***New* Informatics Goals & Objectives**

Advances in technology and informatics, particularly artificial Intelligence and healthcare interoperability, are accelerating faster than anticipated. Some central cancer registries are already beginning to integrate these tools into their workflows, yet many processes still rely heavily on manual effort and legacy systems that are not equipped for the technical demands ahead.

The NAACCR Board recognized the potential for missed opportunities and risks to high quality, population-based cancer surveillance. Working closely with staff and steering committee leadership, the Board initiated a thoughtful, forward-looking review of the organization's needs and priorities.

During an in-person strategic brainstorming session in Little Rock, Arkansas, the group conducted a comprehensive analysis of the rapidly evolving environment. This work resulted in the identification of three new, mission-critical goals within NAACCR's 2024 – 2029 Strategic Plan. All three goals fall under one of the following two Strategic Initiatives:

> INNOVATIVE APPROACHES TO DATA COLLECTION (MINIMAL DATASETS AND PARTIAL RECORDS): Improving timeliness through innovative approaches to data collection.
>
> INFORMATICS, ARTIFICIAL INTELLIGENCE AND CLOUD TECHNOLOGY: Navigating rapidly changing technologies in informatics, interoperability, artificial intelligence, and cloud computing.

These goals reflect a realistic and responsible approach to modernization—one that positions NAACCR to lead the field through a period of profound transformation. Achieving them will require collaboration with both longstanding and new partners, as well as a willingness to rethink how work is organized and supported across the Association.

Goal 1: Expand the adoption of structured electronic College of American Pathologists (eCP) pathology reporting to central cancer registries

Objective 1.1 (Long-term / Ultimate Outcome): Increase the proportion of structured eCP pathology data submitted to central cancer registries.

Objective 1.2 (Assessment): Assess the current state of structured eCP pathology reporting across central registries, including:

- The extent of structured versus unstructured reporting

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- Technological and policy variability across registries

Objective 1.3 (Barriers and Enablers): Identify key barriers and enabling factors influencing adoption of structured eCP pathology reporting, including workflow, standards, technology, and vendor support.

Objective 1.4 (Collaboration and Action): Collaborate with registry, pathology, standards, and vendor partners to develop and promote solutions that address identified barriers and accelerate structured reporting adoption.

Objective 1.5 (Implementation) Develop guidance and support for the effective integration of structured eCP reporting into central cancer registry operational workflows.

Goal 2: Clarify and strengthen NAACCR's role in direct EHR-to-registry reporting initiatives

Objective 2.1 (Landscape Scan): Inventory and characterize current and emerging efforts involving direct electronic health record (EHR) reporting to central registries and hospitals, including scope, stakeholders, technologies, and maturity.

Objective 2.2 (Value Definition): Define and articulate NAACCR's value proposition and unique role in supporting, coordinating, or scaling direct EHR reporting efforts (e.g., standards development, guidance, convening, validation, or evaluation).

Objective 2.3 (Strategic Positioning): Develop recommendations for how NAACCR should engage in direct EHR reporting initiatives, including priority focus areas, partnership models, and alignment with existing NAACCR standards and activities.

Goal 3: Advance effective and responsible use of AI for data acquisition, consolidation, processing (e.g., reportability, abstraction etc.), and data use to support high-quality, reliable, standardized cancer registry data that can be used for cancer surveillance and research.

Objective 3.1 (Validation Requirements): Define requirements and best practices for evaluating and validating AI-generated outputs used in EHR data extraction and processing.

Objective 3.2 (Policy Development): Develop policy and guidance recommendations on the appropriate, ethical, and transparent use of AI within central cancer registries.

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Objective 3.3 (Research and Partnerships): Assess the AI landscape and identify opportunities for collaboration with external partners.

- Identify and engage AI expertise within the registry community to participate in NAACCR leadership, working groups, or advisory roles.

Objective 3.4 (Value Proposition) Clarify NAACCR's value proposition and leadership role in AI initiatives affecting registries.

Objective 3.5 (Economic Considerations): Identify cost, resource, and sustainability considerations associated with adopting and maintaining AI tools in data acquisition and processing.

Objective 3.6 (Capacity Building): Develop and deliver AI-focused education and training resources to support registry members in understanding, evaluating, and using AI tools effectively.

Closing

The path ahead is ambitious, but so is the NAACCR community. These strategic priorities position NAACCR to lead with clarity, courage, and innovation—and continued member involvement will be essential to turning vision into reality. The Board is excited to move forward with the community to elevate NAACCR and the cancer surveillance field to unprecedented levels of modernization and impact.

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