How Delinquent Reporting Impacts Central Cancer Registry Operations

Understanding the Ripple Effects on Surveillance, Quality, and Public Health

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Why Central Cancer Registries Matter

The backbone of cancer surveillance in the United States

Track Trends

Monitor cancer incidence rates over time to identify emerging patterns and disparities

Guide Policy

Inform funding decisions, prevention strategies, and community health initiative.

Drive Research

Provide reliable data for clinical studies, treatment evaluation, and survival analysis

"A cancer registry isn't just a database — it's the backbone of cancer surveillance."

The Reporting Pipeline

How cancer data flows from diagnosis to national statistics

Typical reporting timeline: Facilities must submit cases within 3-6 months of diagnosis. National data submissions happen ~2 years after diagnosis year.

What Is Delinquent Reporting?

The Serious Definition

When reporting facilities fail to submit cancer case reports to the central registry within the required timeframe.

This includes:

- Late submissions (past deadline)
- Missing cases never reported
- Incomplete abstracts with key fields blank

The Real Translation

“The cancer was diagnosed 8 months ago… but the registry is still waiting for the report.”

Except this delay can affect national cancer statistics, leading to:

- Underestimated cancer incidence
- Misleading trends
- Misguided policy decisions

Impact: Data Quality Takes a Hit

Completeness Drops

Missing cases push completeness below the 95% NPCR threshold, potentially excluding the state from national publications.

DCO Cases Increase

Cases found only through death certificates signal missed opportunities for timely reporting and accurate staging data.

Critical Fields Go Blank

Late or rushed abstracts often lack race, stage, and treatment — the very fields researchers rely on most.

Every missing or late case chips away at the reliability of our cancer data.

Impact: Surveillance Goes Sideways

Distorted Incidence Trends

Late-reported cases create artificial dips in incidence trends.

A fake "decline" in cancer rates could mislead policymakers into cutting prevention funding.

NAACCR uses delay adjustment models to correct for this, but the most recent years always carry the largest uncertainty.

Downstream Effects

- **Misallocated resources**

Funding directed to wrong regions or cancer types

- **Flawed disparity analysis**

Race/ethnicity data gaps hide real inequities

- **Delayed clinical insights**

Treatment pattern studies rely on timely, complete data

Impact: Compliance and Funding at Risk

Regulatory Consequences

- State laws mandate cancer reporting ,in some states penalties exist for non-compliance
- Registries failing NPCR standards risk exclusion from US Cancer Statistics publications
- Some states can require facilities to reimburse registry costs for follow-back on delinquent cases
- CoC-accredited programs need timely data for accreditation reviews

Funding Implications

- CDC NPCR grants require meeting data quality standards
- Incomplete data weakens grant applications and program evaluations
- States with poor data quality may receive reduced technical assistance priority
- Prevention program funding tied to accurate burden estimates

The Quality Standards Bar

NPCR data quality criteria that every central registry must meet

95%

Case Completeness

Observed-to-expected cases

≤3%

Death Certificate Only Cases

Maximum DCO rate

99%

Pass Standard Edits

CDC computerized edits

≤2%

Missing Age or Sex

Critical data elements

When facilities don't report on time, every one of these thresholds is at risk.

🏆 Not a Delinquent Reporter? We've Got Something for You!

Good News!

If your facility isn't on the delinquent reporter list...

🎉 You might be taking home an award!

🏅 FCDS recognizes facilities that consistently report complete, timely, and high-quality cancer data.

Stay current. Stay compliant. Stay award-worthy!

FCDS Recognition Awards

- FCDS recognizes excellence in cancer registration through two long-standing awards (25+ years), reinforcing shared goals across registries.

Jean Byers Award

Facility-Level Recognition

- Recognizes facilities meeting strict reporting criteria
- Tied to timeliness and completeness performance
- Signals statewide reporting expectations

Pat Strait Award

Individual Abstractor Recognition

- Recognizes individual abstractors supporting award-winning facilities
- Supports facility-level performance through quality work
- Functions as both recognition and quality signal

Jean Byers Award Criteria

All Deadlines met with respect to cancer case admissions and all cases reported to FCDS:

Annual Caseload Submission Deadline

Consolidated Follow Back Deadline

- In Patient/Ambulatory Discharge Data Annual Audit
- Death Clearance Annual Audit

No more than 5% of cancer case admissions reported within 2 months (60 days) following the June 30 deadline.

No more than 10% of cancer case admissions reported within 12 months following the June 30 reporting deadline.

Turning It Around: Solutions That Work

Good news: you don't have to resort to carrier pigeons

Internal Reporting Deadline Tracking

Establish internal deadlines that are earlier than the Florida Cancer Data system (FCDS)submission deadline. This provides time to resolve missing information before the final reporting deadline.

Strong Registry–Facility Collaboration

Maintain regular communication between central registries and reporting facilities to resolve issues quickly and improve compliance.

Regular Casefinding Audits

Perform regular casefinding to identify missed reportable cases before reporting deadlines.

Facility Education & Outreach

Provide ongoing education on reporting requirements, coding updates, and submission deadlines- a little education goes a long way

Reporting Timeliness Dashboards

Monitor reporting status and submission deadlines to identify delays in real time.

Dedicated Reporting Coordinator

Assign a staff member to oversee reporting deadlines and coordinate case submissions. A designated coordinator improves accountability and ensures timely reporting.

FCDS Reporting Calendar & Key Deadlines

FCDS 2026–2027 Calendar of Reporting Years

Patient Encounter for Cancer	Case Should Be Reported
	ALL 2025 CASES ARE DUE 6/30/2026
January 2026	July 2026
February 2026	August 2026
March 2026	September 2026
April 2026	October 2026
May 2026	November 2026
June 2026	December 2026
July 2026	January 2027
August 2026	February 2027
September 2026	March 2027
October 2026	April 2027
November 2026	May 2027
December 2026	June 2027
	ALL 2026 CASES ARE DUE 6/30/2027

- June 30 – Annual case submission deadline
- August 1st– Consolidated Follow-Back deadline
- 21-day response requirement for FC/QC reviews

Key Takeaways- Delinquent Reporting

1. Delinquent reporting undermines the very foundation of cancer surveillance — the data we all depend on.
2. Jeopardizes NPCR quality standards, distorts incidence trends, and can misdirect public health resources.
3. The operational toll on already-stretched registry staff is real and significant.
4. Modern tools (electronic reporting, NLP, dashboards) and strong facility relationships are the path forward.

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FCDS
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Thank you!