

# **Annual Report**

# **Maryland Cancer Registry**

Health–General §18-204(b)(6)  
Fiscal Year 2024

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**September 2024**



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## **1. INTRODUCTION**

Health-General Article, §18-204(b)(6), Annotated Code of Maryland requires an annual report on the Maryland Cancer Registry (MCR). This report covers the period from July 1, 2023, through June 30, 2024 (Fiscal Year 2024). The MCR is a cancer incidence data system maintained under the direction of the Maryland Department of Health (MDH). Data in the MCR are used to monitor trends in cancer incidence; identify differences in cancer incidence by age, sex, race, and geographic location; plan and evaluate cancer prevention and control programs in the State; and provide a valuable resource for cancer research.

The Maryland Cancer Reporting law, enacted in 1992, requires the electronic submission of all new cases of cancer diagnosed or treated in Maryland to the MCR by hospitals, radiation therapy centers, laboratories, and freestanding ambulatory care facilities.<sup>1</sup> The reporting law was amended in 1996 to require reporting by physicians whose non-hospitalized cancer patients are not otherwise reported. The law was later amended to require the reporting of benign brain and central nervous system tumors to the MCR beginning October 1, 2001.

MDH subcontracts the MCR data collection, data management, and quality assurance activities to Myriddian, LLC (Myriddian). Myriddian was selected through the State procurement process to serve as the vendor for these services under a five-year contract from January 1, 2019, through June 30, 2023. To ensure uninterrupted services during the procurement process for a new vendor, the contract was initially extended to June 30, 2024, and has been subsequently extended for an additional year, through June 30, 2025.

## **2. MARYLAND CANCER REGISTRY MISSION STATEMENT**

The Maryland Cancer Registry Advisory Committee adopted the following mission statements:

1. Oversight of activities that implement Health-General Article, §18-203 and §18-204, Annotated Code of Maryland, and COMAR 10.14.01 – Cancer Registry;
2. Timely, cost-effective, complete, and accurate ascertainment of new cases of cancer and benign central nervous system tumors among Maryland residents;
3. Computerization of cancer reports to facilitate ready availability, accessibility, and analysis; and
4. Preparation and dissemination of reports on the incidence and stage of cancer at diagnosis, which provide information on the cancer site, county of residence, and date of diagnosis.

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<sup>1</sup> Annotated Code of Maryland, Health-General Article, §§ 18-203 and 18-204.

### **3. FISCAL YEAR 2024 ACTIVITIES**

#### **3.1 ADMINISTRATIVE ACTIVITIES**

Myriddian provided quality assurance and data management throughout Fiscal Year 2024. MCR staff along with the Myriddian team met monthly to discuss progress. Data were exchanged twice with cancer registries in Pennsylvania, Delaware, Virginia, and three to four times with the District of Columbia and West Virginia. Maryland also sent and received data from other state and territorial registries that are signatories to the National Interstate Data Exchange Agreement. As of June 30, 2024, 49 registries, including the District of Columbia, Guam, Puerto Rico, and Virgin Islands, were participants in the National Interstate Data Exchange Agreement.

During Fiscal Year 2024, the MCR observed a continued increase in the reporting of cancer cases; however, some facilities were significantly behind in meeting submission deadlines. Maryland law requires all cancer cases be reported to the MCR within six months of diagnosis. While delinquent reporting remains an ongoing challenge, the MCR is actively pursuing solutions to address this. For example, in Fiscal Year 2024, the MCR held regular calls with two large facilities on remediation plans. The MCR also encouraged compliant facilities to continue reporting in a timely manner by sending out certificates to recognize facilities for timely submissions. The MCR remains committed to implementing measures that will ensure timely reporting and adherence to all regulatory requirements.

Another significant challenge for the MCR during Fiscal Year 2024 was the passing of Kimberly S. Stern, Program Manager. Kimberly Stern served as Program Manager for the MCR for 16 years and demonstrated unwavering dedication and passion for the organization's mission.

Despite these challenges, the MCR staff continues to demonstrate its ability to adapt and continue operations without interruption.

##### **3.1.1 Cancer Registry Advisory Committee**

The Cancer Registry Advisory Committee convened three times during Fiscal Year 2024 to receive comprehensive updates from MCR staff and to provide valuable feedback. These meetings were conducted virtually to facilitate broader participation. The discussions covered a wide range of significant topics, including the MCR's ongoing efforts in quality assurance and data management, data utilization and dissemination practices, procedures for data submission, formulation of data use policies, assessment of data completeness, compliance with MCR regulations, availability of Maryland-specific data, North American Association of Central Cancer Registries (NAACCR) conversion updates, and other matters pertaining to cancer research and surveillance activities.

### 3.1.2 Administrative Activities – MCR Headquarters

The MCR is charged with administrative and custodial aspects of MCR operations and data. The MCR monitors reporting compliance, reviews research requests prior to Institutional Review Board submission, and analyzes data for MDH program planning. MDH also processes and fulfills data requests from the public, reporting facilities, local health departments, researchers, and the media. Noteworthy administrative achievements during Fiscal Year 2024 include:

1. Centers for Disease Control and Prevention (CDC) NPCR National Data Completeness and Quality Standard/Data Evaluation Report:  
The CDC NPCR recognized the MCR as a Registry of Distinction for meeting the National Data Quality Standard and the Publication Standard. As a result, Maryland’s data has been deemed eligible for inclusion in the 2024 United States Cancer Statistics report and other analytic data sets.
2. NAACCR Certification:  
The MCR submitted the 2021 incidence data for evaluation by NAACCR and received “Gold” certification, which is the highest level of certification. This certification involves a thorough review of several areas, including completeness of case ascertainment, completeness of recorded information, percentage of “death certificate only” cases, duplicate primary cases, and passing edits for specific coding requirements and timeliness.
3. National Interstate Data Exchange Agreement:  
The MCR continues to participate in the National Interstate Data Exchange Agreement (N-IDEA) to address issues related to patients diagnosed and/or treated for cancer in a location that is different from their state of residence. The MCR exchanged cancer data with 34 other state and territorial registries in Fiscal Year 2024.
4. Social Security Death Index:  
The MCR linked Maryland data with the Social Security Death Index to obtain more complete death information on cases in the MCR.
5. Virtual Pooled Registry:  
The MCR continues to participate in the Virtual Pooled Registry Cancer Linkage System (VPR-CLS). The VPR-CLS is a secure online service designed to:
  - Efficiently connect researchers performing minimal risk linkage studies with multiple U.S. population-based cancer registries;
  - Perform linkages utilizing a single cohort file, standard linkage software, and consistent matching algorithms;
  - Provide initial aggregate match count results to researchers; and
  - Streamline the process of applying for release of individual-level data on matched cases.

6. LexisNexis Accurint:

During Fiscal Year 2024, the MCR utilized the LexisNexis Accurint tool to perform linkages for the NAACCR Virtual Pooled Registry system. LexisNexis was used to perform 16 linkage studies during the fiscal year. LexisNexis also aided the MCR in quality control processes including correcting names, social security numbers, dates of birth, dates of death, and addresses. Additionally, it was used for resolving duplicates and race unknowns. The national agencies require the MCR to meet requirements for these processes.

7. Linkage with Breast and Cervical Cancer Program Database:

The MCR linked its database with the MDH Breast and Cervical Cancer Program database of cancer cases diagnosed from 2006-2022, resulting in a 100 percent case match across both files. Linkage with 2023 cases will occur in Fall 2024. This annual exercise assists in case finding and is a requirement of federal grant funding for both the MCR and the Breast and Cervical Cancer Program.

8. Fundamental Learning Collaborative for the Cancer Surveillance Community:

The MCR uses the Fundamental Learning Collaborative for the Cancer Surveillance Community (FLccSC) as a training resource for MCR reporters. The FLccSC website, which is supported through funding provided by NPCR, serves as a platform for hosting various educational materials, including training materials, webinars conducted by NAACCR, relevant training modules curated from other cancer registries, as well as specialized training programs developed by Myriddian and other central registries. There are currently 60 active courses and 235 Maryland-based individuals enrolled on FLccSC.

9. MCR Training Webinars:

The MCR hosted a series of webinars presented by NAACCR, covering topics such as abstracting cancer incidence and treatment data by hospital tumor registrars, as well as cancer surveillance data collection by central cancer registries. These pre-recorded webinars are accessible to Oncology Data Specialists (formerly known as Certified Tumor Registrars, or CTR) at their respective facilities. Upon completion, participants are eligible to receive continuing education units. These webinars are also made available on the FLccSC platform for wider dissemination and accessibility.

10. National Cancer Registrars Week (April 8-12, 2024):

During National Cancer Registrars Week, the MCR acknowledged the dedicated efforts of Maryland's Oncology Data Specialists who submit data to the MCR. This commemoration, sponsored by the National Cancer Registrars Association (NCRA), serves as an annual celebration to promote the work of cancer registry professionals. The MCR sent a letter to each Oncology Data Specialist, expressing sincere appreciation for their exceptional dedication to providing high-quality data. The Governor of Maryland's proclamation further emphasized the significance of their invaluable contribution.

11. Motor Vehicle Administration Look-Up:

The Motor Vehicle Administration (MVA) database was used to obtain missing race information, addresses, death dates, birth dates, and name spellings for individuals in the MCR. The MCR completed 5,285 searches in the MVA database in Fiscal Year 2024.

12. Case Completeness Recognition Certificates:

During Fiscal Year 2024, the MCR developed and issued Kimberly Stern Case Completeness Certificates to several facilities in recognition of timely and accurate data submissions. Seven facilities received the award for 2021 data submission, and eleven facilities received the award for 2022 data. These certificates acknowledge the commitment of these facilities to maintaining high standards in data reporting.

### 3.1.3 Quality Assurance and Data Management Activities

Myriddian performed quality assurance and data management services for the MCR, including accepting cancer reports from facilities, case finding, quality assurance and quality control of data submitted, and submission of data to NAACCR and NPCR. Specifically, Myriddian successfully completed the following activities during Fiscal Year 2024:

- Received and processed reports to the MCR (see Table 3.4.1);
- Utilized and upgraded the Myriddian Quality Assessment Tool (MQAT) to identify and prevent the processing of duplicate and non-reportable cases from facilities as well as make it compatible with V24 XML;
- Completed de-duplication by Social Security number, first and last name, and date of birth for years 1996 to 2022;
- Used the Chesapeake Regional Information System for our Patients, Inc. (CRISP) database to identify additional information on the Death Certificate Only cases which reduced manual efforts and improved the process;
- Reduced Death Certificate Only cases to 0.8% from the previous rate of 3.0%;
- Performed quality assurance on consolidated cases;
- Updated the de-duplication process to find duplicated patient identities;
- Identified facilities on the verge of reporting delays and assisted the facilities in developing submission plans;
- Performed tumor de-duplication identification for the last five years to meet the new NAACCR requirement for “Gold” certification;
- Identified high volume facilities and established digital and timely reporting of cases;
- Updated and backed up SQL analysis of deleted/updated critical fields;
- Maintained a registrar and software vendor workgroup to improve communications and implementation of metafile for abbreviated abstracts and to address various challenges, including software transitions, data edit updates, and working to address delinquent facilities;
- Continued to perform internal quality assurance activities including peer-to-peer oversight, director supervision, and the production of monthly, quarterly, and annual management reports to review trends and identify anomalies in data; and
- Developed the Kimberly Stern Case Completeness Award, which was instituted to recognize facilities that met the following criteria:

- >90% Compliance in Case Completeness: >90% of expected cases must be submitted within 9-month window (Current Year)
- >90% Reconciliation of Disease Index Review: >90% of cases on the reconciliation list must be reconciled/cases submitted within 90 days (Previous Year)
- >90% Reconciliation of Death Follow-back Review >90% of cases on both first and second Death Follow-back Reviews must be completed/cases submitted within 90 days (Previous Year)

## **3.2 ROUTINE DATA PROCESSING**

### **3.2.1 MCR Facility Audits**

Myriddian conducted 10 facility audits between July 1, 2023 and June 30, 2024. These audits are used to determine the quality of data submitted by reporting facilities and to direct the type of training the MCR provides to facilities. Myriddian worked with hospitals to establish remote access to their electronic medical record systems in order to perform audits.

For each audit, the selected facility submitted a list of potential reportable cancer cases to Myriddian, each of which were then reviewed to determine: 1) if the cancer case should have been reported, and if so, 2) whether the case was reported. In addition, Myriddian re-abstracted a number of cases to determine if the coding provided by the facility was correct. Final audit reports were prepared and delivered to the facilities after receipt of their reconciliation notes.

### **3.2.2 Death Case Finding and Updating Death Information**

In addition to LexisNexis searches, the MCR matched individuals with cancer in the MCR database to the MDH Vital Statistics Administration (VSA) death records to identify those who are now deceased, the cause of death, and date of death. Myriddian then wrote the information to the MCR database to be included in the most recent data submission.

The MCR also obtained a list of cancer deaths from the VSA. Myriddian staff matched the list of deaths from cancer to the MCR database. Individuals who were not found in the MCR database, but who had a death certificate listing cancer as a cause of death, were identified as non-matches; a follow-back survey was prepared for all non-matches and sent to the hospital, nursing home, or assisted living facility and the physician who signed the death certificate. Data from returned surveys were entered into the database. Additionally, Myriddian utilized a robotic process they developed to enter cases once the quality assurance team reviewed the information and added the approximate diagnosis date, which allowed for the review and edit of cases with race, ethnicity, sex, vital status, date of death, and cause of death. Staff also reviewed death certificate data to confirm case reportability and estimate the date of diagnosis for tumors not reported by other sources.

Myriddian also continued to utilize the CRISP database to identify additional information on the Death Certificate Only cases.

### **3.2.3 Case Consolidation**

Myriddian received abstracts from 83 facilities in Fiscal Year 2024 and processed them into consolidated, newly diagnosed tumor records (see Table 3.4.1). Other activities included:

- Upgrades and revisions to the Registry Plus suite of applications to accommodate the changes and reduce errors; and
- The review and revision of consolidation rules to improve data quality and minimize errors.

### **3.2.4 Interstate Data Exchange**

Myriddian completed interstate data exchange procedures with 34 state/territory central cancer registries through the N-IDEA. Other activities included:

- All N-IDEA/Interstate files were updated using a robotic automated process to update the zipcode and county at diagnosis variables; and
- Interstate files are re-imported to WebPlus to make use of the MQAT capabilities to identify duplicates and to only process unreported cases.

### **3.2.5 Technical Assistance and Training**

Myriddian provided technical assistance and abstracting and coding expertise to Maryland cancer case abstractors and reporters via the MCR Technical Help Line (via phone, fax, and e-mail), including:

- Reporter technical one-on-one instruction for case finding and abstracting procedures;
- Responses to follow-up inquiries and dedicated email address provided to all reporters;
- Video tutorials created and made accessible to all Maryland reporters;
- A quarterly webinar to train new reporters and address their specific concerns; and
- Additional assistance and tutorials provided via teleconference and videoconferences.

## **3.3 ACTIVITIES TO IMPROVE MCR-QUALITY ASSURANCE/DATA MANAGEMENT**

MDH plans for improving the MCR quality assurance and data management system include:

- Updating and deploying Power BI, a Microsoft Data Visualization tool, to track file submission, processing, and maintain accountability; identify and review any missed cases and/or files; improve tracking and monitoring of progression of files being processed; and visually display trends such as the drop in cases diagnosed at the start of COVID-19.
- Running NAACCR, Cancer in North America (CINA), and NPCR edits on the datasets;
- Creating and providing V23, V24, and V24A metafiles to vendors for testing and release to the facilities;
- Updating display types to complement new data fields and edit requirements;

- Updating display types in Web Plus to accommodate changes with V24 for physician offices, laboratories, and hospital reporters;
- Communicating regularly with facilities to identify any challenges that could negatively impact data submission; and
- Presenting virtual educational workshops for registry Oncology Data Specialist staff and data submitters.

### **3.3.1 Data Quality and Completeness**

Myriddian provided one-on-one instructions to reporting facilities to improve the quality of data submitted. Other activities included:

- Creation of multiple data extracts to run through Gen-Edits process in preparation for 1996-2022 data submission to NPCR and NAACCR;
- De-duplication of cases accomplished from MatchPro generated lists;
- Submission of 1996-2021 incident cases to NAACCR and NPCR timely and without errors;
- Submission of 2022 incident cases to NAACCR and NPCR following de-duplication and edit corrections in December 2024;

The MCR received “Gold” certification from NAACCR for 2021 data submissions. The MCR also received National Quality Standard distinction from NPCR for 2021 data submission.

### **3.3.2 Other Activities**

The MCR Program Manager, MCR staff, and key Myriddian staff participated in the following activities:

- Attendance at the NAACCR Annual Conference in Boise, Idaho;
- Attendance at the NCRA Annual Conference in Indianapolis, Indiana;
- Presentation at the semiannual Tumor Registrars Association of Maryland meeting on registry update and data quality issues; and
- Presentation and participation in the Maryland State Council on Cancer Control Annual Conference.

## **3.4 TUMOR ABSTRACTS RECEIVED DURING FISCAL YEAR 2024 AND NUMBER OF BRAIN/CENTRAL NERVOUS SYSTEM AND MYELODYSPLASIA CASES IN THE MCR**

Table 3.4.1 displays the number of tumor abstracts received in Fiscal Year 2024 from all reporting facilities by year of the diagnosis of the tumor and state of residence of the patient at diagnosis. Tumor abstracts are reported quarterly to the MCR, ideally within six months of the date of diagnosis. However, as shown in the table, abstracts may be reported to the MCR several years after the date of diagnosis.

Table 3.4.2 and Table 3.4.3 present data from the MCR, by year of diagnosis, on the conditions of special interest: benign and borderline malignant brain and central nervous system tumors, and malignant myelodysplastic syndrome tumors.

Table 3.4.2 presents the number of benign and borderline malignant brain and central nervous system tumors by year of diagnosis that were reported and entered into the MCR as of June 30, 2024. As noted in the footnote, the table does not include voided abstracts that were duplicates or determined to be non-reportable conditions.

Table 3.4.3 presents the number of malignant myelodysplastic syndrome tumors by years of diagnosis that have been reported and entered into the MCR as of June 30, 2024. As noted in the table footnote, as of June 30, 2024, reporting and processing of cases diagnosed in 2022 through 2024 have not been finalized, so the total numbers are lower than the finalized case numbers of tumors diagnosed in prior years. The case data are expected to be finalized for the years of 2022, 2023, and 2024 by January 2025, January 2026, and January 2027, respectively.

**Table 3.4.1 Number of Cancer Abstracts Received in Fiscal Year 2024 by Year of Diagnosis and State of Residence at Diagnosis Received, July 1, 2023 to June 30, 2024**

Year of Diagnosis	State of Residence at Diagnosis		
	Maryland	Non-Maryland	Total
2024^	76	7	83
2023^	24,693	2,232	26,925
2022^	34,696	3,924	38,620
2021	6,583	625	7,208
2020	1,010	69	1,079
2019	362	35	397
2018	222	29	251
2017	185	15	200
2016	86	4	90
2015	47	8	55
2014	36	4	40
2013	47	1	48
2012	28	1	29
2011	11	1	12
2010	18	1	19
2009	6	2	8
2008	9	1	10
2007	9	1	10
2006	12	1	13
2005	9	0	9
2004	9	0	9
2003	5	0	5
2002	4	2	6
2001	3	0	3
2000	7	1	8
Before 2000	10	2	12
<b>TOTAL:</b>	<b>68,183</b>	<b>6,966</b>	<b>75,149</b>

Data Source: Myriddian, using the MCR abstract database as of June 30, 2024.

Note: This table does not include voided abstracts that were duplicates or determined to be non-reportable conditions.

^As of June 30, 2024, the MCR is still completing its data for submission for the 2022 incidence; therefore, 2022-2024 data are incomplete.

**Table 3.4.2 Total Number of Benign and Borderline Brain and Central Nervous System Tumors\* in the Maryland Cancer Registry Diagnosed in Maryland Residents as of June 30, 2024 by Year of Diagnosis and by Tumor Behavior ICD-O-3 (Benign and Borderline)**

Year of Diagnosis	Behavior ICD-O-3	
	Benign	Borderline
2024 <sup>^</sup>	1	0
2023 <sup>^</sup>	497	42
2022 <sup>^</sup>	1,086	75
2021	1,125	83
2020	1,031	75
2019	1,402	90
2018	1,151	75
2017	1,225	89
2016	1,118	79
2015	991	73
2014	947	76
2013	881	80
2012	887	77
2011	740	72
2010	901	71
2009	814	106
2008	742	77
2007	619	69
2006	552	57
2005	520	53
2004	496	50
2003	374	45
2002	299	24
2001	155	13
2000	29	3
Before 2000	631	72
<b>TOTAL:</b>	<b>19,214</b>	<b>1,626</b>

Data Source: Myriddian, using the MCR consolidated database of finalized cases as of June 30, 2024.

\*Brain and Central Nervous System Tumors defined by the ICD-O-3 primary site (C70.0-C70.9, C71.0-C71.9, C72.0-C72.9, C75.1-C75.3) with behavior codes of 0 or 1.

<sup>^</sup>As of June 30, 2024, the MCR is still completing its data for submission for the 2022 incidence; therefore, 2022-2024 data are incomplete.

**Table 3.4.3 Total Number of Malignant Myelodysplastic Syndrome Tumors\* in the Maryland Cancer Registry Diagnosed in Maryland Residents as of June 30, 2024 by the Year of Diagnosis (Benign and Borderline)**

Year of Diagnosis	Number of Cases
2024^	0
2023^	103
2022^	213
2021	262
2020	290
2019	272
2018	293
2017	272
2016	243
2015	262
2014	251
2013	257
2012	241
2011	251
2010	226
2009	215
2008	201
2007	178
2006	135
2005	123
2004	111
2003	116
2002	125
2001	87
2000	23
Before 2000	22
<b>Total</b>	<b>4,772</b>

Data Source: Myriddian, using the MCR consolidated database as of June 30, 2024.

^As of June 30, 2024, the MCR is still completing its data for submission for the 2022 incidence; therefore, 2022-2024 data are incomplete.

\*The following ICD-O-3 diagnosis codes with malignant behavior were included:

- 9980-Refractory anemia
- 9982-Refractory anemia with ringed sideroblasts
- 9983-Refractory anemia with excess blasts
- 9984-Refractory anemia with excess blasts in transformation
- 9985-Refractory cytopenia with multilineage dysplasia
- 9986-Myelodysplastic Syndrome with 5q deletion syndrome

- 9987-Therapy-related myelodysplastic syndrome, not otherwise specified
- 9989-Myelodysplastic syndrome, not otherwise specified
- 9991-Refractory neutropenia (this code is effective for cases diagnosed in 2010 and later.)
- 9992-Refractory thrombocytopenia (this code is effective for cases diagnosed in 2010 and later.)

### 3.5 DATA USE

#### 3.5.1 Data Requests

Table 3.5.1 shows the number of requests for data that the MCR received and processed in Fiscal Year 2024.

**Table 3.5.1 Data Requests Requiring MCR Analysis, Received and Processed in Fiscal Year 2024**

Type of Request	Number of Requests Pending as of July 1, 2023 (start of Fiscal Year 2024)	Number of Requests Received in Fiscal Year 2024	Number of Requests Processed by June 30, 2024 (End of Fiscal Year 2024)
Research/Special Studies	4	31	29
Reporting Facilities Requesting their own Information	0	1	1
Health Services Planning	0	17	16
Public Request for Information	0	7	5
<b>Total</b>	<b>4</b>	<b>56</b>	<b>51</b>

#### 3.5.2 Cancer Cluster Concerns

Table 3.5.2 shows the cancer cluster concerns by jurisdiction, the type of analysis provided, and the results of the analysis for Fiscal Year 2024.

**Table 3.5.2 Cancer Cluster Concerns by Jurisdiction, Type of Analysis, and Results in Fiscal Year 2024**

Jurisdiction	Type of Analysis by MCR	Results
Baltimore County	Minimal analysis	Ongoing
Prince George’s County	Minimal analysis	Resolved
Frederick County	Minimal analysis	Ongoing
Harford County	Minimal analysis	Resolved
Entire State	Minimal analysis	Ongoing
Cecil County	Minimal analysis	Ongoing

Harford County	Minimal analysis	Resolved
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\* Above are listed in the order in which they were received.

#### **4. CONCLUSION**

The MCR is an invaluable asset to Maryland, enabling the tracking, evaluation, and comparison of cancer statistics and rates with other states. Through the collection and analysis of MCR data, Maryland enhances its ability to promote cancer prevention and control initiatives, as well as evaluate the effectiveness of existing cancer programs and services. The MCR will continue collecting, analyzing, and disseminating data to further the goal of a healthier Maryland.

## **APPENDIX**

### **Glossary of Key Abbreviations**

<b>CDC</b>	Centers for Disease Control and Prevention
<b>CRISP</b>	Chesapeake Regional Information System for our Patients, Inc.
<b>FLccSC</b>	Fundamental Learning Collaborative for the Cancer Surveillance Community
<b>ICD-O-3</b>	International Classification of Diseases for Oncology -3 <sup>rd</sup> Edition
<b>MCR</b>	Maryland Cancer Registry
<b>MDH</b>	Maryland Department of Health
<b>MVA</b>	Motor Vehicle Administration
<b>MQAT</b>	Myriddian Quality Assessment Tool
<b>NAACCR</b>	North American Association of Central Cancer Registries
<b>NCRA</b>	National Cancer Registrars Association
<b>N-IDEA</b>	National Interstate Data Exchange Agreement
<b>NPCR</b>	National Program of Cancer Registries
<b>VPR-CLS</b>	Virtual Pooled Registry Cancer Linkage System
<b>VSA</b>	Vital Statistics Administration