

# Maryland Cancer Registry

Fiscal Year 2025

Health-General §18-204(b)(6)

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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, 2024 through June 30, 2025 (Fiscal Year 2025). 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 data collection, data management, and quality assurance activities to Myriddian, LLC (Myriddian). Myriddian was selected through the State's competitive procurement process to provide these services under a five-year contract from January 1, 2019, through June 30, 2023. To ensure continuity of services during the procurement of a new vendor, the contract was initially extended through June 30, 2024, subsequently extended for an additional year, through June 30, 2025, and then again for an additional six months, through December 31, 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 2025 ACTIVITIES**

#### **3.1 ADMINISTRATIVE ACTIVITIES**

Myriddian provided quality assurance and data management services throughout Fiscal Year 2025. MCR staff held monthly meetings with the Myriddian team to review the progress of activities. Data exchanges occurred twice with cancer registries in Pennsylvania, Delaware, and Virginia, and three to four times with registries in the District of Columbia and West Virginia. Additionally, Maryland exchanged data with other state and territorial registries that are signatories to the National Interstate Data Exchange Agreement. As of June 30, 2025, a total of 48 registries were active participants in the agreement.

Maryland law mandates that all cancer cases be reported to the MCR within six months of date of diagnosis, or date of initial contact if diagnosed elsewhere. The MCR continued to improve metrics related to data timeliness by developing solution-oriented relationships with reporting facilities. The partnership between the MCR, Myriddian, and these facilities allowed for a nearly 90% 12-month data completion rate as well as national recognition for exceeding data quality and completeness goals for its 24-month data submission. Updated ongoing compliance monitoring, as well as support from MDH leadership by way of formal reminder letters, have encouraged a culture of compliance.

During Fiscal Year 2025, the MCR welcomed Benjamin Leo as its new Program Manager. He brings extensive experience in public health, data analysis, and emergency medical services, with a career that includes work at the federal, state, and local levels. His strong background in analytics, stakeholder engagement, and program management will strengthen MCR's efforts to improve cancer data quality and advance cancer prevention and control initiatives throughout Maryland.

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

The Cancer Registry Advisory Committee convened three times during Fiscal Year 2025 to receive comprehensive updates from MCR and Myriddian staff and to provide valuable input. These meetings were held virtually to enhance accessibility and participation. Discussions covered a broad spectrum of critical topics, including MCR's ongoing efforts in quality assurance and data management, data utilization and dissemination practices, submission procedures, development 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 the use of MCR data. Additional topics related to cancer research and surveillance activities were also addressed.

### 3.1.2 Administrative Activities – MCR Headquarters

The MCR is charged with the 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 2025 include:

1. **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 have been deemed eligible for inclusion in the 2025 United States Cancer Statistics report and other analytical datasets.
2. **NAACCR Certification:**  
The MCR submitted the 2022 incidence data for evaluation by NAACCR and received “Gold” certification, the highest level of certification. This certification involves a thorough review of several areas, including the completeness of case ascertainment, the completeness of recorded information, the percentage of “death certificate only” cases, duplicate primary cases, and the passing of 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 35 other state and territorial registries in Fiscal Year 2025.
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 is an active participant in the Virtual Pooled Registry Cancer Linkage System (VPR-CLS), a secure, web-based platform designed to:
  - Facilitate efficient collaboration between researchers conducting minimal-risk linkage studies and multiple U.S. population-based cancer registries;
  - Perform linkages utilizing a single cohort file, standard linkage software, and consistent matching algorithms;
  - Provide researchers with preliminary aggregate match count results; and
  - Streamline the application process for applying for release of individual-level data on matched cases.
6. **LexisNexis Accurint:**  
During Fiscal Year 2025, the MCR used the LexisNexis Accurint tool to perform linkages for the NAACCR Virtual Pooled Registry system. LexisNexis was used to perform 22 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 to resolve duplicates and

unknown races. National agencies require the MCR to meet specific requirements for these processes.

7. **Linkage with Breast and Cervical Cancer Program Database:**  
MCR conducted a data linkage with the MDH Breast and Cervical Cancer Program database for cancer cases diagnosed between 2006 and 2023, resulting in a 100% match between the two datasets. Linkage with 2024 cases will occur in Fall 2025. This annual activity supports comprehensive case ascertainment and fulfills CDC cooperative agreement requirements 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, supported by 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. Currently, there are 126 Maryland-based reporters enrolled in FLccSC.
9. **MCR Training Webinars:**  
The MCR hosted a series of educational webinars developed and presented by NAACCR. These sessions addressed key topics, including the abstraction of cancer incidence and treatment data by hospital-based tumor registrars and cancer surveillance data collection by central cancer registries. The pre-recorded webinars are available to Oncology Data Specialists at their respective facilities, and participants are eligible to receive continuing education units upon completion. For broader access and dissemination, the webinars are also available on the FLccSC platform.
10. **National Cancer Registrars Week (April 7-11, 2025):**  
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 registrar, expressing sincere appreciation for their exceptional dedication to providing high-quality data. The proclamation from Maryland Governor Wes Moore 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 information, including race, addresses, death dates, birth dates, and name spellings, for individuals in the MCR. The MCR completed 7,711 searches in the MVA database in Fiscal Year 2025.
12. **Case Completeness Recognition Certificates:**  
During Fiscal Year 2025, the MCR issued the Kimberly Stern Case Completeness Certificates to several facilities in recognition of timely and accurate data submissions. Ten facilities received the award for 2022 data submission, and eight facilities received the award for 2023 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 completed the following activities during Fiscal Year 2025:

- Received and processed reports to the MCR (see Table 3.4.1);
- Used 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 upgraded the current 2025 standards across all software.
- Completed deduplication by Social Security number, first and last name, and date of birth for years 1996 to 2023;
- 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;
- Completed the Death Certificate Only process earlier in the year to improve the submission process;
- Performed quality assurance on consolidated cases;
- Implemented an updated deduplication process to find duplicated patient identities;
- Identified facilities on the verge of reporting delays and assisted the facilities in developing submission plans;
- Performed tumor deduplication 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;
- Established a registrar and software vendor workgroup to improve communications and implementation of the metafile for abbreviated abstracts, and address various challenges;
- Continued performance of 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
- Awarded the Kimberly Stern Case Completeness Award to recognize facilities that met the following criteria:
  - >90% Compliance in Case Completeness: >90% of expected cases must be submitted within a 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 nine facility audits between July 1, 2024 and June 30, 2025. 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, enabling them to perform audits.

For each audit, the selected facility submitted a list of potential reportable cancer cases to Myriddian. Each case was subsequently reviewed to determine: 1) whether it met the reporting criteria, and if so, 2) whether it had been appropriately reported. Additionally, Myriddian re-abstracted a subset of cases to evaluate the accuracy of the coding provided by the facility. Final audit reports were prepared and issued 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. This process was used to ascertain vital status, including date and cause of death. Myriddian then integrated the information into the MCR database for inclusion 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. Myriddian utilized a robotic process to enter cases once the quality assurance team reviewed the information and added an approximate diagnosis date. This process also facilitated the review and correction of key data elements, including race, ethnicity, sex, vital status, date of death, and cause of death. Staff also reviewed death certificate data to confirm case reportability and estimate diagnosis dates for tumors not reported by other sources.

Additionally, Myriddian continued to use the CRISP database to obtain additional information for Death Certificate Only cases.

### **3.2.3 Case Consolidation**

Myriddian received abstracts from 165 facilities in Fiscal Year 2025 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 yearly updates 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 35 state/territory central cancer registries through N-IDEA. Other activities included:

- All N-IDEA/Interstate files were updated using a robotic automated process to add specific location variables; and
- Interstate files were re-imported into Web Plus to utilize the MQAT capabilities for duplicate identification and to process only 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, e-mail, and quarterly office hours), including:

- Reporter technical one-on-one instruction for case finding and abstracting procedures;
- Responses to follow-up inquiries and a dedicated email address provided to all reporters;
- Video tutorials created and made accessible to all Maryland reporters;
- Quarterly webinars to train new reporters and address their specific concerns;
- Quarterly office hours with representatives from MDH and the Myriddian team available to answer questions; and
- Additional assistance and tutorials provided via teleconferences 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 the progression of files being processed; and visually display trends, such as the drop in cases diagnosed at the start of the COVID-19 pandemic.
- Running NAACCR, Cancer in North America (CiNA), and NPCR edits on the datasets;
- Creating and providing V25 and V26 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 V25 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 central 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:

- Performing quarterly data quality reviews and deduplication to enhance data quality;
- Running NAACCR, CiNA, and NPCR edits on the 1996-2023 dataset;
- Ensuring the timely submission of 1996 – 2022 incidence cases, without errors, to NAACCR and NPCR; and
- Submitting 2023 incidence cases separately to NAACCR and NPCR following deduplication and edit correction in December 2024.

The MCR received “Gold” certification from NAACCR for its 2022 data submission. The MCR received National Quality Standard distinction from NPCR for its 2022 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 Hartford, Connecticut;
- Attendance at the NCRA Annual Conference in Orlando, Florida;
- Presentation on registry update and data quality issues at the semiannual Tumor Registrars Association of Maryland meeting; and
- Participation in the Maryland State Council on Cancer Control Annual Conference.

### **3.4 TUMOR ABSTRACTS RECEIVED DURING FISCAL YEAR 2025 AND NUMBER OF BRAIN/CENTRAL NERVOUS SYSTEM AND MYELOYDYSPLASIA CASES IN THE MCR**

Table 3.4.1 presents the number of tumor abstracts received in Fiscal Year 2025 from all reporting facilities, categorized by the year of tumor diagnosis and the patient's state of residence at the time of diagnosis. Tumor abstracts are submitted quarterly to the MCR, ideally within six months of the date of diagnosis. However, as the table indicates, 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, 2025.

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, 2025.

**Table 3.4.1 Number of Cancer Abstracts Received in Fiscal Year 2025 by Year of Diagnosis and State of Residence at Diagnosis Received, July 1, 2024 to June 30, 2025**

Year of Diagnosis	State of Residence at Diagnosis		
	Maryland	Non-Maryland	Total
2025	215	13	228
2024	39,870	3,770	43,640
2023	36,029	2,892	38,921
2022	5,122	474	5,596
2021	1,246	104	1,350
2020	1,217	26	1,243
2019	636	43	679
2018	229	29	258
2017	100	9	109
2016	72	8	80
2015	51	4	55
2014	28	3	31
2013	39	6	45
2012	19	4	23
2011	23	1	24
2010	23	2	25
2009	15	1	16
2008	21	2	23
2007	17	0	17
2006	12	3	15
2005	10	0	10
2004	3	4	7
2003	11	1	12
2002	5	0	5
2001	3	0	3
2000	4	0	4
Before 2000	12	1	13
<b>TOTAL:</b>	<b>85,032</b>	<b>7,400</b>	<b>92,432</b>

Data Source: Myriddian, using the MCR consolidated database as of June 30, 2025.

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

**Table 3.4.2 Total Number of Benign and Borderline Brain and Central Nervous System Tumors\* in the MCR Diagnosed in Maryland Residents as of June 30, 2025 by Year of Diagnosis and by Tumor Behavior ICD-O-3 (Benign and Borderline)**

Year of Diagnosis	Behavior ICD-O-3	
	Benign	Borderline
2025^	10	2
2024^	617	74
2023^	1,074	95
2022	1,222	80
2021	1,167	87
2020	1,057	78
2019	1,411	91
2018	1,154	76
2017	1,230	89
2016	1,124	79
2015	989	73
2014	945	76
2013	881	79
2012	888	77
2011	739	72
2010	900	71
2009	815	106
2008	745	77
2007	622	69
2006	553	57
2005	520	53
2004	497	50
2003	372	46
2002	299	24
2001	155	13
2000	29	3
Before 2000	628	72
<b>TOTAL:</b>	<b>20,643</b>	<b>1,769</b>

Data Source: Myriddian, using the MCR consolidated database as of June 30, 2025.

\*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.

^As of June 30, 2025, the MCR is still completing its data for submission for the 2023 incidence; therefore, 2023-2025 data are incomplete.

**Table 3.4.3 Total Number of Malignant Myelodysplastic Syndrome Tumors\* in the MCR Diagnosed in Maryland Residents as of June 30, 2025 by the Year of Diagnosis**

Year of Diagnosis	Number of Cases
2025^	2
2024^	141
2023^	258
2022	240
2021	275
2020	296
2019	273
2018	294
2017	274
2016	245
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>5,122</b>

Data Source: Myriddian, using the MCR consolidated database as of June 30, 2025.

^As of June 30, 2025, the MCR is still completing its data for submission for the 2023 incidence; therefore, 2023-2025 data are incomplete.

\*The following ICD-O-3 diagnosis codes with malignant behavior were included:  
9980-Myelodysplastic syndrome with single lineage dysplasia

- 9982-Myelodysplastic syndrome with ring sideroblasts and single lineage dysplasia
- 9983-Myelodysplastic syndrome with excess blasts
- 9984-Refractory anemia with excess blasts in transformation
- 9985-Myelodysplastic syndrome with multilineage dysplasia
- 9986-Myelodysplastic syndrome with isolated del (5q)
- 9987-Therapy-related myelodysplastic syndrome, not otherwise specified (NOS)
- 9989-Myelodysplastic syndrome, not otherwise specified (NOS)
- 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.)
- 9993-Myelodysplastic syndrome with ring sideroblasts and multilineage dysplasia

### 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 2025.

**Table 3.5.1 Data Requests Requiring MCR Analysis, Received and Processed in Fiscal Year 2025**

Type of Request	Number of Requests Pending as of July 1, 2024 (start of Fiscal Year 2025)	Number of Requests Received in Fiscal Year 2025	Number of Requests Processed by June 30, 2025 (End of Fiscal Year 2025)
Research/Special Studies	4	29	27
Reporting Facilities Requesting their own Information	0	3	2
Health Services Planning	1	10	11
Public Request for Information	1	9	10
<b>Total</b>	<b>6</b>	<b>51</b>	<b>50</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 2025. Cancer cluster concerns in Table 3.5.2 are listed in the order received.

**Table 3.5.2 Cancer Cluster Concerns by Jurisdiction, Type of Analysis, and Results in Fiscal Year 2025**

Jurisdiction	Type of Analysis by MCR	Results
St. Mary's County	Minimal Analysis	Resolved
Charles County	Minimal Analysis	Resolved
Frederick County	Moderate Analysis	Resolved

Prince George's County	Minimal Analysis	Resolved
Baltimore County	Minimal Analysis	Resolved

#### 4. CONCLUSION

The MCR serves as an invaluable public health resource for Maryland, enabling tracking, evaluation, and comparison of cancer statistics and rates with those of other states. By collecting and analyzing comprehensive cancer data, the MCR enhances the State's capacity to advance evidence-based cancer prevention and control initiatives and to evaluate the impact of existing cancer-related programs and services. The MCR remains committed to the ongoing collection, analysis, and dissemination of high-quality data in support of Maryland's overarching goal of improving population health and reducing the burden of cancer statewide.

## **APPENDIX**

### **Glossary of Key Abbreviations**

<b>CDC</b>	Centers for Disease Control and Prevention
<b>CiNA</b>	Cancer in North America
<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>MQAT</b>	Myriddian Quality Assessment Tool
<b>MDH</b>	Maryland Department of Health
<b>MVA</b>	Motor Vehicle Administration
<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