QCIC Registry Accreditation Procedure

Document Control Stamp

MINISTRY OF PUBLIC HEALTH
CONTROLLED

Approval:

MINISTRY OF PUBLIC HEALTH
PLANNING & QUALITY DEPARTMENT

Revision History

Revision No.	Reviewed by	Approved by	Effective Date	Remarks
	Amid Abu Hmaidan	Dr. Salih Ali Al-Marri	24 SEP 2020	
00	Division Head	Director		Initial release

1. Purpose

1.1. This procedure aims to enhance the process of creating cancer registries in the country, through creating a framework for cancer registries of quality.

1.2. To publish the name of the accredited registry on the Qatar Cancer Information Center QCIC

1.3. To enhance research through quality data and easiness of access to information

2. Scope

2.1. This procedure is applicable to all institutions, associations, agencies and individuals having established cancer registries, or planning to.

3. Definition(s)

3.1. **Primary Site:** the main organ of the origin of the cancer.

3.2. **QCIC:** Qatar Cancer Information Center.

3.3. **CIGB:** Cancer Information Governance Board.

3.4. **QNCR:** Qatar National Cancer Registry.

3.5. **QCIN:** Qatar Cancer Information Network.

3.6. **QCIC Registry Accreditation Form:** represents the form to be completed at the time of request of QCIC accreditation of any cancer registry.

3.7. **QCIC Registry Standard Format:** represent the full and detailed required registry documentation.

4. Resources

4.1. Communication tools such as computer, fax, printer, telephone, etc.

5. List of Job Titles

5.1. Accreditation Requester.

5.2. CIGB Admin Officer.

5.3. CIGB Ad-Hoc Head.

6. Description of Activities

6.1. Accreditation requester submits the QCIC Registry Accreditation Request Form (QF-NC-0301) to CIGB Admin Officer.

6.2. Accreditation requester shall either submit a QCIC Registry Standard Format (QF-NC-0302), or the documents listed in the application form as the application shall be accompanied with one of them.

6.3. CIGB Admin Officer reviews the request to check on completeness and clarity of information requested, then adds it to the master file and generate the accreditation request number, and sends it to the CIGB Ad-Hoc Head.

6.4. CIGB Ad-Hoc composes of 4 members from the CIGB to review the request.

6.5. QNCR and the Human protection officers are permanent members of the CIGB Ad-Hoc for the registry accreditation.

6.6. The CIGB Ad-Hoc Head nominates two other members based on their relevant expertise to the clinical specialty of the cancer registry.

6.7. In case of general cancer registry, any members can be selected for the review.

6.8. CIGB Ad-Hoc visits the registry location to make sure on the appropriate registry operations.

6.9. The CIGB Ad-Hoc Head may directly approve, approve with comments, or reject.

6.10. In case of the rejection, CIGB Ad-Hoc Head justifies clearly the seasons for the rejection.

6.11. The decision of the CIGB Ad-Hoc will reach the requester through the CIGB Admin Officer.

6.12. Decision shall reach the requester within 20 working days after the date of request.

6.13. Accreditation is not limited in time.

6.14. Accredited registries will be audited regularly by the CIGB.

6.15. In case of major change of operations, the CIGB might request resubmission of the accreditation request.

6.16. Only accredited registries will be listed on the CIGB public facing pages on the QCIC, and will be accessible to all members of the Qatar Cancer Information Network QCIN.

7. Records

7.1. QCIC Registry Accreditation Request Form (QF-NC-0301).

7.2. QCIC Registry Standard Format (QF-NC-0302).

8. Appendices

8.1. None.

9. Process Indicators

9.1. Delay between the time of the request and the time data provided.

10. Related Documents

10.1. None.

البرنامج الوطني للسرطان National Cancer Program
السجل القطري للسرطان Qatar Cancer Registry

Qatar Cancer Information Center
QCIC
Registry Accreditation Request Form

Version 1.0 March 2020

For Registry Accreditation Requester Use – 1st Page only

Dear QCIC Cancer Registry Accreditation Requester,

Registry accreditation is a quality assurance procedure. QCIC Accredited registries will be listed on our website as such, this will enhance collaboration and research

Your request will receive our immediate attention. Our policy mandates delivery of the decision within 20 working days. Accreditation Request Form to be sent to qncr@moph.gov.qa

A – Cancer Registry Description

1. Registry PI Name		**2. Institution**		**3. Name of the Registry**	
4. Level of the registry [Coverage]	☐Individual clinic ☐Department/Service ☐Hospital ☐Group of hospitals	**5. Type of cancer studied**	☐All cancers ☐Specific cancer *[Please specify in No.6]*	**6. Type of Cancer** *(if disease specific registry)*	
7. Funding Agency Name		**8. Available staff**	☐Data Manager, Number: ☐Epidemiologist, Number: ☐Biostatistician, Number: ☐Secretary, Number: ☐other, Specify:	**9. Software**	☐None, paper based ☐Spreadsheet excel ☐Homemade application ☐Commercial, vendor name: ☐Open Source application, Name:
10. Accredited registry must have the following documentation	☐Case Ascertainment Procedures *(Description of sources of data, and procedures for patient identification and recruitment)* ☐Data Dictionary *(description of each data item)* ☐Inclusion/Exclusion Criteria ☐Data protection measures ☐Data use and sharing measures ☐Record of patient consent ***In case of absence of clear documentations, registries may use the attached QCIC Registry Standards format, complete and resubmit with the application***				

R- Requester Information

Name		**Institution**	
Position		**Email**	
Signature		**Date**	

T: 44070000 974+
P.O. Box: 42, Doha - Qatar
ت: ٤٤٠٧٠٠٠٠ ٩٧٤+
ص.ب: ٤٢، الدوحة – قطر
www.moph.qa

Qatar Cancer Information Center
QCIC
Registry Accreditation Request Form

Version 1.0 March 2020

For QCIC Use only			
C - QCIC Admin Officer			
Date Received		**Request Number**	
Date Returned			
D - CIGB Ad-Hoc Head			
Date Received:		**Date Answered:**	
Ad hoc Members Names	**1. QNCR Manager**		**2. Human Protection Specialist**
	3.		**4.**
Final Decision	☐Approved		
	☐Approved with comments:		
	☐Rejected, reason:		
Signature		**Date**	

البرنامج الوطني للسرطان National Cancer Program
السجل القطري للسرطان Qatar Cancer Registry

[Add your Institution Logo here]

[NAME OF THE REGISTRY]

[REGISTRY SHORT NAME] STANDARD

[Registry Full Name]

Version [ ] [Date]

Name of the Registry

Date	
Release	Version []
Authors	
Owner	

CONTENTS

Name of the Registry

INTRODUCTION

[State out some background information behind the creation of the registry, then include the objective and the mission of the registry. You may also mention here the different sections of information collected, ex:]

- *Demographic Data*
- *Cancer Disease Data*
- *Treatment Data*
- *Survival and Follow up data*

LEGAL FRAME WORK

[What are the governing laws and regulations that the registry will abide to, it can be state of Qatar, national e-health policies and/or Cancer Information Governance Board Policies]

DATA REPORTING REQUIREMENTS

Registry Population

[Clear description of the registry population based on which data will be collected]

Reference Date

[This represents the date (month and year) starting from, the registry will include cases, it does not necessarily correspond to the date the registry is created, it could be earlier, this means data will be collected retrospectively, or later, then prospective data collection]

Reportable Diagnosis

[If applicable, then clearly mention the diagnosis of the cancer registry population]

Inclusion Criteria

[description of the patient population to be registered, this description can be clinical, administrative, or time relevant, example:]

- *both inpatient and outpatient cases*
- *patients seen only in the emergency room (including patients who are dead on arrival)*
- *tumors diagnosed at autopsy,*
- *patients seen for consultation only*
- *pathology laboratories (including cases in which only specimens were reviewed at the reporting facility).*

DATA MANAGEMENT AND HANDLING

Data Confidentiality

[Measures taken by the registry to protect the confidentiality of the registered data, including restrictions of the access to the data, it can include description of office area. Also, it is healthy to describe the measure taken to protect the privacy of the registered patients, how their identity is going to be protected]

Case Consolidation

[Clear description of patient pathway, based on which, describe all sources of data]

Data Use

[How data is going to be used? System for data use and sharing should be described as well]

Data Collection

[Description of Data Collection methods for the registry]

Flow of Data

[Description of how the data flows within the registry, and whether there will be any linkage to other databases.]

Quality Assurance

[Description of all quality assurance measures, including validation.]

Quality Indicators

[Descriptions of different KPI's that will help measure the performance of the registry]

DATA DICTIONARY

[Classification of all data items and the rational of collecting them] example:

Patient Identifying Information

No.	Item Name	Rational	Coding Instructions
1	*Patient Name*	*Basic Identifier needed for data cleaning and record linkage*	*The name is subdivided in first, father, grandfather and family name*

No.	Item Name	Rational	Coding Instructions
2	*Qatar ID Number*	*A unique number issued to the patient by the government of Qatar. This Identifier is needed for data cleaning and record linkage.*	*It can be found on the patient chart, patient summary sheet , HIMS, Q-ID Card*

No.	Item Name	Rational	Coding Instructions
3	*Sex*	*Necessary for stratification based on gender*	*Choose from the drop list*

No.	Item Name	Rational	Coding Instructions
4	*Date of Birth*	*This data item is used to evaluate medical care delivery to special populations and to identify populations at special*	*Put as per the Q-ID Card*

		risk for certain cancers	

Diagnosis and Cancer Identification

No.	Item Name	Rational	Coding Instructions
20	*Date of First Contact/Admission*	*Necessary for the calculations of cancer times*	*Should be available in the patient file*

No.	Item Name	Rational	Coding Instructions
24	*Date of Diagnosis*	*Vital information for the calculation of incidence and survival*	*Unknown day should be entered as 15; unknown month should be entered as June.*

No.	Item Name	Rational	Coding Instructions
30	*Histology/Morphology*	*Histology is a basis for staging and the determination of treatment options. It also affects the prognosis and course of the disease.*	*Available in-patient file.*

Staging

No.	Item Name	Rational	Coding Instructions
37 - 39	TNM Stage (clinical and pathological)	Records prognostic indicators for specific sites or histology	

Treatment

No.	Item Name	Rational	Coding Instructions

Follow Up

No.	Item Name	Rational	Coding Instructions
44	*Recurrence*	*This information is used for patient follow-up and outcomes studies.*	*Code for the distant site or sites in which the tumor has recurred*

No.	Item Name	Rational	Coding Instructions
46	*Date of last contact*	*This information is used for patient follow-up and outcomes studies.*	

No.	Item Name	Rational	Coding Instructions
47	*Vital status*	*This information is used for patient follow-up and outcomes studies.*	*Records the vital status of the patient as of the date entered in Date of Last Contact or Death (NAACCR Item #1750).*