

Cancer Registry Abstracting: 6 Common Mistakes

Cancer registry abstracting mistakes can jeopardize compliance, accreditation readiness, treatment insights, outcomes analysis, and research credibility. Use this guide to spot common risks before they create downstream reporting gaps.

Common Abstracting Risks to Watch

01 Incomplete or Missing Data

Failing to collect or record all required data elements can lead to incomplete patient records.

WHY IT MATTERS Creates gaps in required reporting, research, and program analysis.

02 Incorrect Staging

Misclassifying the stage of cancer can affect treatment insights and skew survival statistics.

WHY IT MATTERS Accurate staging supports clinical analysis, benchmarking, and outcomes tracking.

03 Data Entry Errors

Typos, transposition of numbers, incorrect dates, or manual entry mistakes can result in inaccurate information.

WHY IT MATTERS Small errors can compromise reporting accuracy and downstream decision-making.

04 Lack of Consistency

Inconsistent coding, terminology, or abstraction practices can make data harder to compare across teams or facilities.

WHY IT MATTERS Consistency supports cleaner data, stronger reporting, and reliable analysis.

05 Failure to Update Records

Neglecting follow-up updates can leave patient records incomplete, outdated, or unreliable.

WHY IT MATTERS Ongoing patient record updates are critical for longitudinal tracking and compliance readiness.

06 Missing Histology Codes

Missing or incorrect histology codes can misclassify cancer types, subtypes, and disease characteristics.

WHY IT MATTERS Histology accuracy supports proper classification, quality reporting, and research credibility.

STRENGTHEN REGISTRY ACCURACY

Keep Your Cancer Registry Accurate, Compliant, and Current

GeBBS provides 100% US-based cancer registry support for case finding, abstracting, backlog reduction, QA auditing, survey preparation, accreditation assistance, and registry coordination.

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