NCRA HIGHLIGHTING CANCER REGISTRARS IN THE FUTURE OF CANCER CARE CAMPAIGN

JANET REYNOLDS, BA, CTR | PRESIDENT

NCRA is participating in an international campaign to promote cancer knowledge called the *Future of Cancer Care*. We are highlighting the important role cancer registrars play in collecting the data that informs cancer treatment and care and improves public health. Using the 2019 NCRW graphic and theme of “Cancer Registrars: Capturing the Picture of Cancer,” NCRA had an ad in a special insert of *USA Today* on September 13. The ad led readers to a special webpage that highlights the importance of cancer registrars and cancer registries. In addition to the ad, the campaign includes a social media initiative and *Future of Cancer Care* materials will be distributed at leading industry conferences. Other partners in the campaign include: American Cancer Society, American Lung Association, American Society of Clinical Oncology, Baptist Health, Biden Cancer Initiative, Breast Cancer Research Foundation, City of Hope Hospital, Inova Health, National Institutes of Health, National Ovarian Cancer Coalition, Personalized Medicine Coalition, Prostate Cancer Foundation, and Stand Up to Cancer. Make sure to check out the [www.ncra-usa.org/capture](http://www.ncra-usa.org/capture) webpage!

CANCER REGISTRARS: CAPTURING THE PICTURE OF CANCER

Learn more at [www.ncra-usa.org/capture](http://www.ncra-usa.org/capture)
Editor’s Note

LAURA DEFINO, BA, CTR | EDITOR, THE CONNECTION

Dear Readers,

As the leaves show their bright fall colors before falling to the ground and hibernating for the winter, the air cools down and takes on the familiar winter chill, windows close, and fires blaze inside homes, we cannot help but think of change. In our field we have seen tremendous change this year. We have an 8th edition of the AJCC manual that includes extensive new grade guidelines and incorporates a great deal more information into the staging process, a brand-new STORE to replace the well-used FORDS, new solid tumor rules, and new ICD-O-3 histology codes. This onslaught of information can seem overwhelming, and for that reason this issue of The Connection focuses on highlighting resources to help registrars familiarize themselves with and adapt to these changes. Since information can seem to trickle out at times, and there are frequent “changes to the changes”, it can be tempting to shelve it all until things are solidified and then spend a couple of marathon sessions trying to absorb everything. A wise mentor of mine, Melissa Pearson, cautioned against this strategy. She emphasized that it would be entirely too overwhelming to take this approach. Personally I set aside some specific time every week to read new material, attend webinars, review the information already out there, and discuss the changes with others in the field. Now that fall has arrived, I treat myself to some sort of pumpkin spice coffee treat while I spend time in these activities. And I have actually found that it’s really enjoyable! How about you?

Laura DeFino-Coscia, BA, CTR

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Autumn is a time of year filled with celebrations and change, permeated with the aroma of pumpkin spice and bonfires and the beauty of changing leaves. School is back in session and the sound of cheers and marching bands at football games are welcomed, as are Halloween and Thanksgiving celebrations. For the cancer registrar community, my hope is that fall will bring the standard setters’ anticipated changes to full effect and everyone will be busy completing cases with the 2018 edits. This will truly give us cause to celebrate!

NCRA has accomplished many things in the past year, but some of these may have been overlooked in the busyness surrounding standard setters’ changes. A member needs survey showed a continued need for education on AJCC Eighth Edition Staging and new abstracting elements and rules. NCRA has met this need by offering a Special Membership Renewal Package that includes up to 25 hours of pre-selected CE activities for 2019. Additionally, sessions from the 2018 Annual Educational Conference are available for purchase on a USB drive; many of these sessions focus on AJCC Eighth Edition. The number of educational offerings continues to grow each year.

NCRA’s Salary Considerations for Cancer Registrars: 2017 is now available for download and provides registrars and human resources departments accurate salary information. We are also working to make cancer registrars and human resources departments aware of the new SOC code for Health Information Technologists and Medical Registrars for the 2020 census. This new detailed occupational code will ensure statistics on our profession are reflected accurately and will provide a clearer picture of salaries and skill levels needed to meet workforce demands.

Mentoring for CTR hopefults is a growing need. To help address this, NCRA officially launched the Independent Clinical Advisors (ICA) program in May. ICAs help students who need to complete portions of their practicum virtually; NCRA is in search of more volunteer ICAs. We also have an ongoing need for clinical sites willing to host students who need to complete practicum activities. This shortage has been heavily impacted by the move toward remote staff. NCRA’s three Advocacy and Technical Practice Directors (ATPDs) and I have spent significant volunteer hours communicating with our liaisons and with the leadership of standard-setting organizations regarding member concerns. NCRA cannot force businesses or federal agencies to comply with our requests, but we continually strive to emphasize the impact their actions have on the work of cancer registrars.

A lesson that NCRA learned from the delays this year is that our members want more communication regarding our advocacy efforts. Moving forward, the ATPDs will communicate more often about NCRA advocacy efforts via articles, emails, and Facebook posts. Members with concerns should continue to use the “Raise Your Voice” process so the ATPDs can address specific concerns.

I wish you all a happy autumn!
NCRA Call for Awards: Bestowing Honor through Recognition

NCRA AWARDS COMMITTEE

It’s difficult to think of a better way to honor someone than by nominating them for an award. As an organization, NCRA is privileged to have many members deserving of our respect and admiration. The NCRA Awards program offers several options for recognizing cancer registry professionals for their outstanding contributions to our profession. The Awards Committee hopes each one of you will give thoughtful consideration to nominating an exemplary member for an appropriate NCRA Award. Please take a moment to read about each of the awards.

THE DISTINGUISHED MEMBER AWARD honors an NCRA member who has made outstanding contributions to the profession in more than one of the following ways: service to the association, outstanding achievement in professional practice, leadership in education, contributions through research, or published materials.

THE APRIL FRITZ OUTSTANDING NEW PROFESSIONAL AWARD pays tribute to early-career members who have shown outstanding leadership, innovation, creativity, and motivation and who have made a significant contribution to the profession and NCRA.

THE LITERARY AWARD is presented to a member who has authored, co-authored, edited, or co-edited published material that is available to the cancer registry profession through a recognized professional journal, professional association, or publisher. Examples of published materials include a book or book chapter, journal article, published reports, monograph, or instructional guide.

THE EDUCATIONAL ACHIEVEMENT AWARD recognizes an individual (or group) who has made a significant contribution to cancer registry education. Educational efforts can be demonstrated through research, published materials, development of curricula or training programs, clinical supervision, development of audio or visual educational resources, or exceptional service to the educational process.

THE VOLUNTEER EXCELLENCE AWARD goes to a member who has demonstrated volunteer excellence through outstanding participation in NCRA, serving as a mentor in the registry management profession, and other activities that further the association. This can include mentoring early-career registry management professionals in activities that help them build a solid foundation; gain knowledge and apply critical-thinking skills; and attain significant expertise, experience, or professional goals.

Please visit www.ncra-usa.org/awards for more details and nomination materials. The nomination deadline is January 31, 2019.
that each change to TNM classification or stage grouping was based on a high level of medical evidence, research, and juried publication. Precision Medicine determined which site-specific disease indicators were appropriate to remain as factors in staging, which factors were appropriate to add, and which needed to be removed from staging algorithms. The Imaging Team was tasked with having a stronger presence and impact in the manual and staging. The Data Collection Core looked at all aspects of data retrieval for eighth edition staging to determine if the information was available in patient health records and in a standardized format for reporting. Nine CTRs served on this team.

There were 18 expert panels, one for each site-specific or disease-specific chapter or section. CTRs served on 10 of the panels. Additionally, teams of authors wrote the chapters, remaining mindful of content harmonization and including all information needed to classify TNM and assign a stage group. The Editorial Board oversaw the complete project with input from the Executive Board. There were 16 volunteer physicians and 6 AJCC staff on the Editorial Board.

All total, over 550 volunteers donated their time, expertise, and a bit of themselves to compile this complex system of AJCC staging.

The AJCC does recognize that the release was problematic and is committed to addressing errors. It is reviewing and refining systems, processes, and staff mix in an effort to ensure smoother releases of future editions. Additionally, I encourage all CTRs to respond to the call for volunteers to help develop future editions of this tool that’s so vital to the care of cancer patients around the world.
NCRA Offers a Special 2019 Continuing Education Subscription

Save Now and Earn CEs!

NCRA is offering a Special Membership Renewal Package for active CTRs. This package includes a one-year subscription to 25 pre-selected learning activities on NCRA’s Center for Cancer Registry Education, worth 25 CE hours, for just $180. This is a $1,250 value! View the list of training at www.ncra-usa.org/renew.

This special subscription is the most cost-effective way to earn all the CEs needed to maintain your CTR credential and to keep up-to-date with changes in the cancer registry profession. The subscription runs from January 7, 2019, through December 31, 2019. It is a per-person subscription and there is no carry over into 2020. Offer must be purchased by December 31, 2018.

Log-in to renew your 2019 membership at www.ncra-usa.org/renew and select the option to add the subscription to your shopping cart. Have membership renewal questions? E-mail member@ncra-usa.org. For questions about the subscription, please e-mail ccre@ncra-usa.org.

SAVE THE DATE

National Cancer Registrars Association
2019 ANNUAL EDUCATIONAL CONFERENCE

May 19-22, 2019 | Denver, CO
Sheraton Denver Downtown Hotel

Learn More at www.ncra-usa.org/conference
The 2018 Annual Meeting of the North American Association of Central Cancer Registries (NAACCR), was held June 12th through June 14th in Pittsburgh, PA. The conference theme this year was “Bridging the Path to the Future of Cancer Surveillance”. With over 400 bridges, Pittsburgh known as the city of bridges. According to the Heinz History Center the first bridge was built in 1818. Before the bridges were built, settlers had to navigate deep valleys and waterways that isolated many of the inhabitants. The goal of the conference was to set the stage to create connections and “bridges”, just as those early settlers did, to generate shared solutions for the cancer surveillance community.

**SELECTED HIGHLIGHTS OF DAY ONE (JUNE 12) OF THE CONFERENCE:**

- The plenary session “Advances in Precision Medicine and Immunotherapy: What Cancer Registries Need to Know about Advances in Oncology” discussed developing and implementing data collection, workflows, and predictive models from electronic health records. The second morning plenary addressed the evolving role of immunotherapy to destroy cancer cells. Afternoon plenaries addressed the need for legal authority to collect cancer data that is clear and not open to interpretation in multiple ways, and that can be modified when necessary to stay abreast of changes in technology, health care, and public health policy.

- Concurrent sessions included Epidemiology, Survival Studies, Natural Language Processing, and Advances in Residential History Data.

- The National Quality Control Initiative session described a joint effort by the Surveillance, Epidemiology, and End Results Program (SEER) and the National Program of Cancer Registries (NPCR) to devise a methodical process to evaluate the quality of existing and future data. Together, SEER and NPCR cancer data constitute a nation-wide population based registry system. The goal is to develop validated benchmarks for timeliness, availability, completeness and accuracy for cancer data in the United States.

- The “Bridge” session on this first day centered on the timeliness of cancer data using obtained findings from a “NAACCR Assessment of Central Cancer Registry Timeliness and Reporting Task Force” study. The task force looked at the timeliness of the early case capture of pediatric cases and the reporting from a state cancer registry. The NAACCR task force concluded that “Attempting to improve timeliness as well as real-time reporting will have significant implications on (state) registry operations, state reporting laws, and resources.”

**FOLLOWING ARE SOME SELECTED CONFERENCE HIGHLIGHTS FROM DAY TWO (JUNE 13):**

- This short day featured concurrent sessions relating to Epidemiology, Virtual Pooled Registry Cancer Linkage System, Improving Registry Operations, and Breast Cancer.

- The Environmental & Occupational Epidemiology session included sections that demonstrated the value of linking cancer registry data with other databases as a method of evaluating the impact of the working environment for specific occupations.
  - Included a presentation by the Alaska Cancer Registry on the, “Investigation of a Possible Link between Pollution from Military Facilities and Cancer on St. Lawrence Island, Alaska.” The island is home to two Native Alaskan communities. Residents had concerns about pollution left behind from abandoned defense sites. The findings did demonstrate that the incidence of lung cancer cases were 27% of the total cancers cases on the island compared to 16% for statewide Alaska Natives. Confounding data included the fact that 53% of the adult island community were current smokers, 14.8% higher than the state average of 38.2% of Alaska Natives (representing 21.6% of current smokers of all races statewide). These findings suggest that lung cancer cases (and deaths) on the island are correlated with smoking.
  - The New York State Cancer Registry (NYSCR) presented, “Did 9/11 Cause Cancer?” It was noted that the World Trade Center attacks had both short and long term effects. FEMA spent 5.5 Billion dollars to clear 115,700 tons of debris after the attack. NYSCR collaborated with the World Trade Center Health Registry, the Fire Department of New York and the World Trade Center Health Program to study the health effects of 9/11 on first responders. The state registry consolidated registry data with records of first responders from all three organizations into a file of 69,143 persons. So far early reports found excesses of prostate and thyroid cancers but fewer than expected lung cancers. There may also be an increase of hematopoietic cancers, but the answer to this question will not be able to be accurately assessed for several more years.

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The Florida Cancer Data System (FCDS) presentation “Cancer Risk among Florida Firefighters” discussed past studies (including some international data) that indicates cancer risk to be greater among firefighters than other professions for select cancer sites. Further research was needed to determine the role of various sociodemographic and occupational factors. Florida firefighters must attest on their job application that they haven’t used tobacco in the past 12 months. This policy enabled the FCDS to use data linkages with the Florida State Fire Marshal’s Office employment records to describe the occupational risk of Florida firefighters with accuracy. Male firefighters composed 91% and females 9% of the cases linked. Results for male firefighters indicated significantly elevated risks for cancer of the colon, rectum, melanoma, genital system, urinary system, endocrine system, oropharynx, and prostate. Among female firefighters, cancer risk was significantly elevated for the endocrine system and breast. Of particular interest is that there were reductions for some cancer sites that were noted in previous cancer studies. This was most likely due to reduced exposures as a result of safety regulations in the United States. However, the FCDS study concludes that there is evidence of elevated risk in cancer sites not seen in previous studies, highlighting the need for continued surveillance and research in this area.

The “Malignant Mesothelioma Age-Adjusted Incidence Rates and Trends from the New Jersey State Cancer Registry (NJSCR) and the Surveillance, Epidemiology, and End Results (SEER) Registries” presentation demonstrated a statistically significant decline for malignant mesothelioma. The declining trends in NJ and in the nation coincide with the implementation of national safety regulations over the past several decades.

LASTLY, SELECTED HIGHLIGHTS FROM THE DAY THREE (JUNE 14) OF THE CONFERENCE:

- The American Cancer Society Cancer Action Network (ACS CAN) presented “American Cancer Society CAN; How ACS Can Uses Cancer Surveillance Data and Data Need to Promote Cancer Prevention and Control (Including New Legislations and Increasing Funds for Cancer Research and Cancer Registry) in the United States”. ACS CAN is the nation’s leading cancer advocacy organization and leverages a grassroots army of volunteers across the U.S. (includes all states and Congressional districts) to fight cancer. Cancer data and published research are fundamental components of a comprehensive, effective advocacy campaign. CAN uses a rigorous approach that identifies issues, provides evidence and expertise to stakeholders, works with experts to identify public policy solutions, and makes the case for implementation to legislators and regulators. National evidence-based registry data and other data sources are relied upon to demonstrate the burden of cancer, the consequences of a lacking insurance benefits and consumer protections, and the benefits provided by having appropriate insurances and demanding corporate liability through customer protections. This was proven with graphs that depicted worse outcomes for uninsured and Medicaid patients when compared to privately insured patients at the same stage of disease. The state specific data was composed of easy to understand information, charts, graphs, and infographics. It is hoped that lawmakers are responsive to the impacts in their own states and Congressional districts.

- Concurrent sessions were again varied and covered many topics of interest to the attendees including, but not limited to, Epidemiology, Tools for Cancer Surveillance, Linkage Tools and Deduplication, Geospatial & Community Clusters, Biomarkers and Tissue Repositories, Brain Cancer, Patient Reported Outcomes, Linkage Applications, Data Visualization, and Melanoma.

- The “Bridge” sessions on the final day centered on new tools to identify misdiagnoses, sources of data available to cancer researchers such as the NPCR and SEER public use data base, and the use of a public health information warehouse. A Kentucky Cancer Registry presentation discussed augmenting smoking history in the cancer registry using health administrative claims data.

This year’s conference emphasized the value of registry data and new linkages to enhance and expand registry data in it’s efforts support cancer research and positively impact disease outcomes.
GPEC is looking forward to promoting the Danielle Chufar Memorial Annual Conference Scholarship which was named in remembrance of an NCRA staff member who passed away from cancer in February of 2004. Danielle was a new RHIT professional who was preparing to take her CTR exam. The scholarship provides financial support to help an active NCRA member with no available funding to attend NCRA’s Annual Educational Conference.

The scholarship includes the conference registration fee, airfare (up to $600), and hotel for three-night accommodations. The number of applicants selected to receive scholarships is determined by the funds available. The scholarship is funded each year by individual donations, speakers' returned honoraria, and the NCRA annual state basket raffle. Applicants complete an application and submit a 500-750-word essay on the topic chosen by GPEC.

To be eligible, one must be an active NCRA member for one year and during the year in which scholarship is being awarded. Associate, inactive, sustaining, student, and international members are not eligible for the scholarship. Members of the NCRA Board of Directors or GPEC are also not eligible. Note: Only one person from each institution may apply. If more than one person wishes to apply, the institution must decide which application to submit. Details will be posted the first week of January 2019 at www.ncra-usa.org/conference. We look forward to readying your essays!

**Danielle Chufar Memorial Annual Conference Scholarship 2019**


**Essay Theme:** What are you doing to navigate the mountains of change in 2018? Make sure to detail the impacts on your role as a cancer registrar and the quality of the data.

**Application and Essay Due:** February 21, 2019
Initiative: Linking with Mammography Registry Identifies Data Quality Opportunities

Summary: Vermont is one of six states with a mammography registry, which offers an important opportunity for linkage. Vermont Cancer Registry (VCR) uses linkages to address data quality and completeness gaps and to improve the utility of the data. VCR then identified reasons for not being able to link certain cases and opportunities for improving data quality.

Challenge: The Vermont Breast Cancer Surveillance System (VBCSS) captures screening and diagnostic breast imaging data, follow-up pathology, and cancer registry data for all women in the state. The system provides a framework to evaluate issues surrounding breast cancer screening and diagnosis. Recently VBCSS investigators have been analyzing a ductal carcinoma in situ (DCIS) cohort, which was identified by pathology records. Between 1994 and 2012, 1,495 cases of first primary DCIS diagnoses were identified with no concurrent invasive disease within 180 days of the DCIS diagnosis. However, 151 cases (10%) had no corresponding record from VCR.

Solution: VBCSS and VCR staff evaluated why cases expected from VCR were not shared with VBCSS.

Results: Of the 151 unmatched cases, VCR researched a sample of 45 records (30%) and identified the following reasons for not releasing the information to VBCSS:

- Thirty cases (67%) were reported to VCR by another state. The data exchange agreements under which the data were originally reported to VCR do not allow re-release for this purpose.
- Eleven cases (24%) were not found in the VCR. Since the VBCSS cases were selected based on pathological confirmation of DCIS, they are likely reportable to the VCR. VBCSS plans to provide additional information about these cases so that VCR can follow back to the hospitals responsible for reporting.
- Four cases (9%) were in the VCR, but not released to VBCSS for other reasons:
  - One case was coded as “male,” which is likely a coding error from the reporting facility, of which VCR will follow-up to confirm or correct.
  - One case was flagged for no re-release due to HIPAA and could not be shared.
  - One case was in VCR with the maiden name as the last name and had been shared with VBCSS.
  - One case was registered in the VCR as a different cancer type.

Sustaining success: Cancer registry data is protected by both state and federal law. While the North American Association of Cancer Registries (NAACCR) has developed a model National Interstate Data Exchange Agreement, which allows states to exchange data on cases diagnosed or treated in other areas, it prohibits rerelease for research purposes without the written permission of the sending registry. To address the issue of cases not shared with VBCSS due to the terms of out-of-state data exchange agreements, NAACCR should consider adding Breast Cancer Surveillance Consortium (BCSC) to the list of allowable uses in its Interstate Data Exchange Agreement. To address the issue of potentially reportable DCIS cases not being reported to VCR, information from the follow-back process will be used to identify improvements in casefinding.

The Registrars in Action column highlights the impact cancer registrars have on public health. Cancer registrars collect standardized data to submit to Central Cancer Registries (CCRs); this data is then submitted to the National Program of Cancer Registries (NPCR). CDC funds 45 states, the District of Columbia, and two U.S. territories. The CDC’s Cancer Surveillance Branch is home to NPCR, which was established by the Cancer Registries Amendment Act, a law Congress enacted in 1992. As a result, cancer is the only reportable chronic disease. This classification allows the CDC to disseminate accurate national incidence data. By understanding the burden of cancer public health organizations, including CDC, can create programs and interventions for prevention and early detection.

CDC highlights the difference data is making through various “Success Stories.” Visit the Web site (http://www.cdc.gov/cancer/npcr/success/index.htm) to read synopses of important data-driven projects happening across the United States. If you work at a hospital registry and have a success story to share, please send to Peggy Meehan at pmeehan@ncra-usa.org.
Genetics is the study of heredity, a term encompassing the biological process by which parents pass a copy of each of their genes onto their children or offspring. An increased risk of cancer that accompanies certain genes is inevitably transmitted through this process. The National Cancer Institute states that individuals are candidates for cancer risk assessment if they have a personal and/or family genetic history (on either the maternal or the paternal side) or clinical characteristics with features suggestive of a hereditary cancer(s). The National Program of Accreditation for Breast Cancers (NAPBC) noted that identifying individuals at increased risk of developing breast and other cancers due to family history of breast and other cancers or a known hereditary cancer syndrome can have a dramatic effect on early detection and cancer outcomes. In keeping with these findings, the NAPBC established genetic screening guidelines as a significant part of standard patient care. Initial cancer risk assessments are performed by the treating physician in the form of a basic family history. However, the assessment is only a small part of the genetic component of cancer screening and care. Evaluating a patient for a genetic mutation can bring about various medical uncertainties. Therefore, it is vital that the patient be educated on all of the risks, benefits, and limitations of genetic testing.

Pretest genetic counseling provides the patient with the opportunity to understand the full scope of genetic testing, the options available to them, and the potential outcomes. There are five bullet points to this phase of the genetic evaluation and management standard.

- Collect all relevant information needed to assess a patient’s personal and family medical history: A three-to four-generation pedigree, including detailed medical information about the patient’s first-, second-, and third-degree relatives should be obtained. Gathering information about both paternal and maternal family history, ancestry/ethnicity, and consanguinity is necessary.

- Evaluate the patient’s cancer risk. This assessment involves discussing the absolute risk that the patient will develop a specific type of cancer or cancers based on the family history as well as addressing the risk that the patient carries a heritable or germline mutation in a cancer susceptibility gene.

- Perform a psychosocial assessment.

- Educate the patient about the suspected hereditary cancer syndrome, if appropriate. The provider should review cancers associated with specific gene mutations, including basic concepts such as genetic inheritance patterns and more advanced concepts of penetrance, variability expressivity, and the possibility of genetic heterogeneity.

- Obtain informed consent for genetic testing when recommended: The informed consent should indicate: the purpose of the test and the ideal person to administer test; all potential test results; the statistical probability of positive results; the technical aspects and accuracy of the test; the possibility of inconclusive test results and how these results affect medical management; financial and insurance considerations; all intended usages of the test results; laws protecting against genetic discrimination and mis-utilization of test results; alternatives to genetic testing; storage and potential reuse of genetic material.

Multi-gene panel testing, thought to be more effective than earlier forms of genetic testing, has recently emerged. These panels evaluate multiple genes with a single test. This number commonly ranges from 26 to 83 genes, although even larger panels are available through some highly sophisticated laboratories. As a result of these increasingly innovative testing mechanisms, interpretation of outcomes must be managed by professionals with specialized knowledge in medical genetics. A list of approved genetic counseling credentials are available on the NAPBC website at https://www.facs.org/quality-programs/napbc/standards.

Finally, the cancer registrar, whether managing the NAPBC SAR or performing daily abstraction of breast cancer cases, must know and understand the importance of genetic evaluation and management. Since genetic evaluation often guides both the managing physician’s treatment plan and the patient’s decision making, it is critical that we capture the details of any genetic testing conducted and thoroughly detail all outcomes in the cancer registry abstract. This information can ultimately influence the standards of individualized cancer care for decades to come. Due to the fact that there exists no formal coding mechanism for these genetic tests, these details must be carefully recorded in the text fields of each pertinent abstract.

Here are the more common genes we should be watching for when reviewing patient records:

- **BRCA1** – human tumor suppressor gene whose protein is responsible for repairing DNA.

- **BRCA2** – human tumor suppressor gene whose protein is responsible for repairing DNA.

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- **PALB2** – contains instructions to make a protein that works with the BRCA 1 and BRCA 2 genes to repair changes in the DNA code to prevent tumor growth.
- **ATM** – provides instructions for making a protein that is located primarily in the nucleus of cells, where it helps control the rate at which cells grow and divide.
- **PTEN** – Phosphatase and tensin homolog is a protein that is encoded by the PTEN gene.
- **CHEK2** – provides instructions for making a protein called checkpoint kinase 2.

- **NBN** – provides instructions for making a protein called nibrin.
- **STK11** also called **LKB1** – provides instructions for making an enzyme called serine/threonine kinase 11.

As genetic recommendations evolve, key questions on who should undergo testing and what type will need to be answered. The registry is one of the only repositories that comes close to capturing that type of data and that level of detail. A few more taps on the keyboard to record this vital information may be the result of a valuable break through or outcome, as well as the data necessary to support such a discovery.
Who Needs a Code of Ethics?

JANET MOHLENHOFF, MPA, RHIA, CCS, CTR | CHAIR OF ETHICS COMMITTEE

Many professions are guided by a code of ethics, some of which are not at all surprising. The American Medical Association’s Code dates back to 1847 while the American Bar Association has quite a lengthy “Code of Conduct” (AMA-Assn.org) (ABA.org). Other professions may be a bit more surprising. The American Institute of Architects and the National Educators Association (AIA.org) (NEA.org) are two unexpected examples. What are some of the reasons that a more nebulous organization would want or need a Code of Ethics?

A Code of Ethics gives parameters for behavior. It lays a foundation relevant and prudent expectations of its members. This serves to simplify daily encounters with complex situations and provides basic rules to guide conduct. To ensure continued relevance, a Code of Ethics should always be a living document.

One common theme amongst many Code of Ethics is the need to further the particular profession by continuing to gather knowledge (continuing education). As perspectives evolve and technology changes, the Code of Ethics must reflect this. Science and technology, for example, have changed rapidly over the past couple of decades. This is especially pertinent in the health care arena where advancements in diagnosis, treatments, and regulations create a continually changing landscape. The National Society of Genetic Counselors have made updates to their Code of Ethics in 2004, 2006, and 2017 (nsgc.org) in response to the rapid discovery of genetic advancements that create new ethical dilemmas to be addressed.

The NCRA Code of Ethics was established in 1986 and revised in 1995, 2002, 2005, and 2008. In 1986, IBM released the first laptop computer, the Human Genome Project was launched, and one of the most popular television shows was Dynasty. Who can forget those dresses with the awful shoulder pads (Pearson)? Times certainly have changed. Technology has progressed and the Cancer Registry has evolved. We now have vast amounts of data at our fingertips, cancer treatments have become patient-specific, and other changes too numerous to list.

These changes can challenge an enduring ethical responsibility to uphold certain standards for the profession. For example, while the manner of access might have changed, data standards have not. As access to patient information becomes easier the responsibility of ensuring the privacy and confidentiality of patient information becomes an ever-growing priority. Following established ethical standards ensures that only the appropriate level of access is granted to that data and only when deemed necessary.

Cleaner and clearer data becomes ever more important as data science evolves provide the methodology to make this data more useful. We must continue work as a team with other health professionals to ensure accurate data capture because inaccurate data is useless. The NCRA Code of Ethics serves to ensure accountability with regard to these important tasks.

Change is inevitable, but must embrace change as it comes. Hopefully this article has helped you reach the conclusion that WE ALL need the NCRA Code of Ethics to navigate these ever-changing times. Failure to adhere to, promote, and uphold these guidelines results in a CTR credential that is worthless, negating the profession and slowing the progress towards the lofty goal of excellent cancer care for all patients.

REFERENCES:
Hello, I am Gina and I am the new Medical Registry Committee Chair. I have been in Health Information/ Cancer Registry for over 28 years. In my current position I work with several Medical Registries: Cancer, Trauma, Chest Pain, Stroke and Bone Marrow, so applying to volunteer with this committee seemed a natural decision. I am honored to be volunteering with NCRA with this committee for 2018–2019.

In the past this committee was a task force but it has recently been upgraded to a full committee. This committee reports to NCRA’s Recruitment and Retention board member, who will in turn report our progress to NCRA. The Medical Registry Committee’s purpose is to connect Cancer Registry with other Medical Registry Professions to encourage the sharing ideas and discussion of common issues and to provide advocacy services for all medical registrars. The other medical registries include: Trauma, Diabetes, Various Congenital Diseases, Chest Pain, Stroke, Bone Marrow, Birth, Birth Defects, and Bariatric—to name a few.

The Medical Registry Committee will be working on the following projects during our first year.

1. Journal of Registry Management
   a. Yearly article submission for winter edition for other medical registry articles for submission in the winter edition.
      i. Work with the Journal of Registry Management staff and editors to learn and understand what is needed for this article submission from other medical registries
   b. Draft a formal communication to promote submission of articles by other medical registries and send to specific medical registries identified by NCRA
   c. Track progress of the above with the Journal of Registry Management staff
2. Build new relationships with other medical Registries
   a. Create a plan to establish and grow relationships with other medical registries utilizing the listing that NCRA currently has
3. Recruit Committee Members
   a. Recruit 8-10 members to the committee; they are needed to work on various projects and in various subcommittees
   b. Over the next several months our sub-committee will be working on the following four (4) goals:
      i. Develop a plan to build new relationships with other medical registries and implement this plan accordingly
      ii. Connect with various previously identified medical registry groups (as previously identified by NCRA) to become part of this this committee
      iii. Continue to work with other medical registry groups (from NCRA’s list) to acquire more articles for the Journal of Registry Management’s winter edition
      iv. Work with Strategic Management Plan strategy IV (Member and Customer Services) to identify NCRA products and services that other medical registry professionals might be interested in

If you are interested in helping the Medical Registry Committee in its inaugural year as an NCRA Committee, please email Leah Cole at lcole@ncra-usa.org. Once potential volunteers have been identified, I will reach out to discuss the committee role and define committee members. Thank you in advance for your consideration- we need your assistance to make this committee great!
Change Is a Good Thing, Right?

As part of the cancer surveillance community, cancer registrars are major contributors to the field and we have advanced the profession over time. We direct and manage many different components on the cancer surveillance spectrum and we should all take some pride in what we have accomplished in our careers. As professionals, cancer registrars care about the work that we do. How others perceive us as individuals and as registry professionals collectively is something that we all care about. How we perceive ourselves is equally important. As leaders and members of this important profession, we must be ever mindful that perception is a strong influencer that can either hurt or support us in our professional relationships. In fact, our perception of change ultimately determines how we move forward. While change can at times cause doubt and fear, it can also invigorate and challenge us.

Many have heard the saying that change is change is good, or at least that change is inevitable. The perspectives typically depend on who and when you ask. It can be particularly frustrating when things shift in the midst of an occurring change- a change of the change! However, cancer registry professionals have become accustomed to frequent change and have successfully withstood many changes over the years. Whether it related to with staging rules or new technology, it was recognized as contributing to the greater good. With the most recent wave of changes that the cancer surveillance community is undergoing, the cancer registry professional is again being challenged. As proud and intelligent professionals who enjoy access to excellent resources to facilitate these changes, we will surely meet the challenges and advance to the next level.

NCRA has persisted through the midst of change over the years through the work of its member volunteers. As part of the current Strategic Management Plan (SMP) NCRA continues to collaborate with schools to promote the registry profession and recruit new professionals to the field. Most recently, an informational document for Human Resource departments has been developed. It emphasizes the required education, CTR credential, and maintenance requirements for cancer registrars. It can be found here [http://www.ncra-usa.org/Advocacy/Workforce/Workforce-Resources](http://www.ncra-usa.org/Advocacy/Workforce/Workforce-Resources).

Though it is tempting to point to the things that did not happen or should have happened, we remain persistent and continually master the ability to adapt and adjust. This is because we wholeheartedly embrace the ideal that change is necessary to improve or enhance current processes; our acceptance and belief that the change is necessary is demonstrated by our commitment to embracing it. From the most seasoned CTR to the newer members, cancer registrars will be proud to reflect back to the time of this new chapter and say, “remember when?” History has shown this. Let us stay engaged and motivated as we continue to contribute to this next phase. We can do this.
Program Committee Report

VERONICA SHRODE, CTR | CHAIR, NCRA 2019 PROGRAM COMMITTEE

It seems like just yesterday we were in the Big Easy learning and networking with our colleagues. No rest for the 2019 Program Committee. Committee members (volunteers and NCRA staff) have been hard at work with the goal of giving you many reasons to head to Denver, Colorado for NCRA’s 45th Annual Educational Conference, scheduled for May 19-22, 2019 at the Sheraton Denver Downtown Hotel.

We would like to thank everyone who submitted during the call for abstracts. We were excited to receive 59 outstanding submissions, which have already been reviewed. The committee will hold an in-person meeting to make final selections and set the event schedule. Presenters will be promptly notified with further instructions. We anticipate providing you with a high-quality meeting that features many opportunities to learn and develop registry professionals—as well as have a little fun in the Mile High City!

With so many changes in their final stages this year, we want to ensure that we cover the maximum number of most critical topics possible during the small window of time available. In addition to covering essential material that supports cancer registrars in their quest to produce timely, consistent, and accurate data, we plan to keep the committee flexible enough to be able to address relevant technological and medical advancements that may arise unexpectedly. With this in mind, the theme of the event is NCRA’s 45th Annual Educational Conference: Navigating the Mountains of Change from the High Plains to the Front Range.

Please mark your calendars for this exciting event. For periodic updates visit the conference page at www.ncra-usa.org/conference. We look forward to seeing you in the beautiful city of Denver, a first for NCRA’s annual meeting.

2019 COMMITTEE MEMBERS

Veronica Shrode, CTR (Chair)
Kelli Aimar, BA, CTR
Sara Biese, RHIT, CTR
Leah Kiesow, MBA, CTR
Mary Lewis, CTR
Janet Reynolds, BA, CTR
Vonetta Williams, PhD, MPH, CTR

Get Ready for the AJCC Cancer Staging Manual 8th Edition
www.ncra-usa.org/casestudies

Cancer Case Studies
A Workbook to Practice Assigning AJCC TNM Stage
Using the AJCC Cancer Staging Manual Eighth Edition

50 CASES! ANSWERS AND RATIONALE PROVIDED
NCRA Education Committee has been busy this fall developing and producing nine live webinars. The training is listed below.

Don’t worry if you missed any of the live webinars listed. Completed webinars are archived and posted as learning modules to the Center for Cancer Registry Education. Go to www.CancerRegistryEducation.org/Learning-modules to get started. (Note: There will be no archived recording available of the Genentech webinar, Associated CLL Cytogenetic and Molecular Changes.)

NCRA’s Education Committee continues to promote clinical practicum activities that are now available online through the Independent Clinical Advisors (ICA) program. To learn more or volunteer as an ICA, go to www.ncra-usa.org/ICA.

NCRA’s Education Department is also updating the CTR Exam Study Guide, online exam prep webinars, and practice test for the 2019 exam. The department is working with AHIMA to implement a comprehensive update of the NCRA-AHIMA online Cancer Registry Management certificate program. Plans are also underway to design the first badging program to launch in 2019. It will focus on 8th edition training.

If you have questions on any of NCRA’s educational offerings, please contact Mary Maul, Manager, NCRA Education Programs, at mmaul@ncra-usa.org.

FALL 2018 TRAINING

- Complimentary Genentech Webinar: Associated CLL Cytogenetic and Molecular Changes

CoC Cancer Program Standards—Continuum of Care Services: A Surveyor’s Guide

- Three-part live webinar series focused on how cancer registrars use the AJCC Cancer Staging Manual, 8th Edition as a reference. The three sites include bladder, lung, and melanoma.

- Three-part live webinar series focused on changes with the Standard Setters. The three webinars include: Site-Specific Data Items (SSDIs): FAQs and Answers; Hematopoietic and Lymphoid Neoplasm Data Base and Rules; and Solid Tumor Rules, 2018.
Monitoring finances is critical in any organization to ensure it remains healthy for years to come. NCRA has policies in place to regulate spending and controls, such as annual audits to maintain accountability.

The Finance Committee is responsible for monitoring NCRA’s finances, which includes an accounting of all income, expenses, and investments. This committee consists of:

- Misty Sonnenberg, Senior Treasurer
- Margaret “Peggy” Wight, Junior Treasurer
- Janet Reynolds, President
- Barbara Dearmon, Immediate Past President
- Paulette Zinkann, President Elect/Secretary
- Lori Swain, Executive Director
- Merrill Lynch / BlackRock, Investment Firm
- Buchanan & Mitchell, P.C., Auditors
- Morgan, Lewis & Bockius, Legal Counsel

One of the key contributors to NCRA’s financial success is the support of our members as approximately one-quarter of NCRA’s total budget comes from membership dues.

Membership Dues allow NCRA to advocate and provide educational opportunities for CTR’s and non-CTR’s alike. In return, members receive many benefits with their membership including discounts on both NCRA’s Annual Conference registration and local hotel accommodations during the event, online NCRA educational products, and professional liability insurance.

Over the next couple of months, the Finance Committee will be working with NCRA staff to develop a budget for calendar year 2019, and we would like to share the specifics of that process with our members. Program plans will be submitted by each Board Member, each Committee Chair, and any Liaisons requesting funds for anticipated expenses. Prior to submitting expense requests, individuals must review budget Policies and Procedures as well as the NCRA Strategic Plan to ensure that requested expenses are necessary to reach the goals set by NCRA. NCRA staff will compile all budget requests while the Finance Committee reviews the proposed budget. Once the Finance Committee approves the budget, it is presented for full board for approval at the Winter Board Meeting. This entire process takes approximately three months.

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**Professional Development Director Update**

**KAREN MASON | DIRECTOR OF PROFESSIONAL DEVELOPMENT**

I am delighted to serve on NCRA’s Board of Directors as the Director of Professional Development. I realize that I have big shoes to fill following so many wonderful predecessors.

It would be impossible to write about education and professional development this year without mentioning the many complex and detailed changes to the registry dataset planned for 2018. These changes are foremost in the minds of almost all cancer registrars as we hit the books big time in preparation to tackle the changes and the challenges they bring. As professionals, we must take ownership of our own education to ensure that each of us individually continue to provide the cancer surveillance community with the highest quality of oncology data despite these rapid changes.

**NCRA’s Center for Cancer Registry Education** is prepared to provide the educational offerings that we will need to understand these changes this year. A Learning Modules section that contains a full suite of AJCC TNM 8th edition training is available to be purchased along with annual your CTR renewal for an extra $50 through December 31, 2018.

Additionally the cancer registry oversight community is providing education on a wide variety of topics, from the Site Specific Data Items to Grade to new radiation therapy fields via various webinars and other training modalities.

**NCRA’s Mentoring Program** is always seeking new mentors. Many of us have been in the registry world long enough to have experienced other significant registry changes first hand and therefore can mentor and guide our newer colleagues to weather the 2018 storm, so to speak. Having a mentor who has experienced a previous registry metamorphosis paired with a mentee who has never experienced such a change is an excellent match. Reassurance and moral support can go far to supplement educational experiences to ensure a successful transition.

I would like to leave you with this and have a lovely fall!

“Education is the most powerful weapon which you can use to change the world.” —Nelson Mandela
Gaining the Most from Time Spent in Continuing Education

The Program Recognition Committee reviews over 200 applications per year. During the review process, the committee members often see many continuing education (CE) hours that are lost due to formatting issues resulting from the way a program host chose to schedule their sessions. This article is designed as a guide that will enable program hosts to maximize CE credits for continuing education sessions.

For every fifteen minutes of study, a CTR receives 0.25 credit hours. Only after each fifteen minute increment has been met can a full quarter credit be awarded. This regimen is detailed in the chart below.

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Amount of Time</th>
<th>CE Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 am – 9:00 am</td>
<td>30 minutes</td>
<td>0.5 hours</td>
</tr>
<tr>
<td>8:25 am – 9:00 am</td>
<td>35 minutes</td>
<td>0.5 hours</td>
</tr>
<tr>
<td>8:20 am – 9:00 am</td>
<td>40 minutes</td>
<td>0.5 hours</td>
</tr>
<tr>
<td>8:15 am – 9:00 am</td>
<td>45 minutes</td>
<td>0.75 hours</td>
</tr>
<tr>
<td>9:00 am – 9:45 am</td>
<td>45 minutes</td>
<td>0.75 hours</td>
</tr>
<tr>
<td>9:00 am – 9:50 am</td>
<td>50 minutes</td>
<td>0.75 hours</td>
</tr>
<tr>
<td>9:00 am – 9:55 am</td>
<td>55 minutes</td>
<td>0.75 hours</td>
</tr>
<tr>
<td>10:00 am – 11:00 am</td>
<td>60 minutes</td>
<td>1.0 hours</td>
</tr>
<tr>
<td>10:00 am – 11:05 am</td>
<td>65 minutes</td>
<td>1.0 hours</td>
</tr>
<tr>
<td>10:00 am – 11:10 am</td>
<td>70 minutes</td>
<td>1.0 hours</td>
</tr>
<tr>
<td>10:00 am – 11:15am</td>
<td>75 minutes</td>
<td>1.25 hours</td>
</tr>
</tbody>
</table>

When planning a program, it is ideal to schedule speakers in fifteen minute increments to maximize attendee's credits. ‘Lost’ hours can also be avoided by grouping speakers by related topics and scheduling them to speak as a team. For example, consider three speakers speaking about colon cancer. Speaker one focuses on the disease process and diagnoses related to colon cancer for twenty minutes, speaker two presents for another twenty minutes on surgical management of colon cancer, and speaker three addresses staging of colon cancer and adjuvant/neoadjuvant treatments for a final twenty minutes. If each of these speakers were listed separately, as if presenting on independent topics, only 0.25 CE’s would be received for each presentation, for a total of 0.75 CE’s. However, had they been scheduled to present as a group addressing the broad topic of colon cancer, their combined time would be sixty minutes spent on a single subject. Attendees therefore be awarded a full 1.0 CE credit for the hour of time spent on the subject. This obviously yields a greater educational value to the CTR in attendance.

Sometimes adjusting the time of two speakers can increase CE value. For example, speaker one is assigned the timeframe of 9:00 AM to 9:55 AM (55 minutes, 0.75 CE) while speaker two is assigned 9:55 AM to 10:30 AM (35 minutes, 0.5 CE). This awards a total of 1.25 CE’s for the two presentations. An additional 0.25 additional CE could be easily earned simply by taking ten minutes from speaker one and giving it to speaker two. This makes both presentations worth 0.75 CE hours for a total of 1.5 (a gain of 0.25 CE). Alternatively, 5 minutes could be taken from speaker two and added to speaker one. This would make the first 1.0 CE and the second 0.5 CE’s for total of 1.5 for the two presentations (also a gain of 0.25 CE).

As you plan your continuing education agenda it is a good idea to write down the timeframe of the speakers’ presentation and the number of minutes allotted for that timeframe. If it is not in a fifteen minute increment then consider adjusting appropriately to enable attendees to gain the most CE credits for their time spent in education. It may not always be possible to adjust times, or combine speakers into a group to increase number of CE credits earned, but it is important to consider the importance of maximizing CE value for CTR’s when planning an event.
Each year the NCRA President works with NCRA staff to develop and implement “Presidential Charges”, or activities that provides NCRA with direction and supports the Strategic Management Plan (SMP). NCRA volunteer leaders (committees, liaisons and task forces) are responsible for carrying out these charges, maintaining them as a primary focus of their tasks throughout the year. The Presidential Charges for 2018-2019 are documented below.

AWARDS COMMITTEE

- Consider selecting an “Awards Ambassador” to act as the voice of the committee. This individual can collaborate with other committees and post about the awards program on social media.
- Create targeted messaging to previous years' winners, encouraging them to “pass the torch” by submitting nominations for others.
- Assess the purpose for, and practice of, anonymity of this committee and bring recommendations to Board regarding continuation of this practice.

COUNCIL ON CERTIFICATION

- Develop a general guide (i.e. how to interpret their score report) to advise candidates who do not pass the CTR examination.
- Propose the details of a business impact study to the Board based on Council’s Exam Restructuring Proposal and SMP 2018 results.
- Hold two conference calls with the Board to provide updates on Council activities.

EDUCATION COMMITTEE

- Develop a series of webinars for the fall of 2018 to address updates: Summary Stage, Extent of Disease, solid tumor rules (MPH).
- Continue development and updates to the NCRA Online CTR Exam Prep webinar series that reflect changes to the CTR exam.
- Recruit representatives from pharma companies to present complimentary webinars on cancer treatment and therapies.
- Expand the Informational Abstract collection to include Site Specific Data Items for each of the sites already posted.
- Collaborate with the Independent Clinical Advisors (ICA) sub-group to develop an online program addressing quality that fulfills the 12-hour clinical practicum requirement for Quality Assurance.

EDUCATION COMMITTEE - FORMAL EDUCATION SUB-COMMITTEE

- Continue collaborating with interested training programs who wish to develop their applications and potentially become accredited.
- Promote NCRA accreditation for Cancer Registry Management/Cancer Information Management programs by supporting outreach efforts (i.e. AoE conference, CRM presentations for HIM departments).
- Based on the ongoing clinical practicum research of the Formal Education Committee, report adopted recommendations to the Board on expanded methods and opportunities for students to meet the 160-hour clinical practicum.
- Update the NCRA Clinical Practicum requirements in the Practicum Guide to reflect the areas of required competency on the CTR exam.

GPEC

- Work with Social Media Committee to promote out new SMP information (late 2018).

INFORMATICS COMMITTEE

- Develop an education session (i.e. webinar, conference) that will enhance CTR knowledge of informatics (based on feedback received from focus groups).
- Identify certificate programs in Health Informatics that would assist a cancer registrar interested in furthering education in this area; list on NCRA website.
- Investigate how to better define the Four Pillars of Cancer Informatics and identify ways to assist registrars in attaining the needed skills under each pillar.

JOURNAL OF REGISTRY MANAGEMENT

- Work with the Medical Registries Committee to expand opportunities for additional JRM content.
- Assess the JRM quiz for continuity in content as we look to work with additional registries.

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NCRA Presidential Charges 2018–2019

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MEMBERSHIP COMMITTEE

- Based on membership priorities, consider and propose potential new member's affinity program(s).
- Review the 2018 Member Needs Assessment Survey; develop related recommendations; report to the Board.

MENTORING COMMITTEE

- Continue to recruit mentors and clinical advisors for the ICA program.
- Deliver one complimentary webinar for current and potential mentors for the NCRA Mentoring Program.

NCRW

- Continue to enhance the marketing plan to promote NCRW activities, including coordination with the Social Media Committee to build a more robust presence. Explore options proposed for celebration that were noted in the 2018 survey.
- Continue to review other organizations that celebrate a “recognition week” for ideas on event promotion and member involvement.

NOMINATING COMMITTEE

- Promote voting privileges as a membership benefit; stress deadlines during renewal campaign.
- Research new ways to increase interest related to candidacy for an elected position (such as highlighting Board, Council, and Nominating Positions) together as well as individually. Ask past/current elected officials to highlight why they ran for their position and encourage others to do the same.

P&P COMMITTEE

- Create a working document/spreadsheet that is shared between committee and NCRA staff liaison that outlines P&Ps pending review as well as completed. This will provide a basis for follow up and tracking for annual summary.
- Update the Committee P&P’s to include as a responsibility the development of an annual summary document of all P&Ps that have been reviewed, reviewed and changed and/or new P&Ps. This should be submitted with the spring board report for the previous calendar year.

PROGRAM RECOGNITION COMMITTEE

- Continue to identify educational activities that meet new Category-A requirement to assist CTRs who are looking for education that meets this requirement.
- Review application submission procedures, decide if a deadline for submission is needed, and identify a potential deadline time frame (Example: application should be submitted no later than 2 weeks after a program has ended).

SOCIAL MEDIA COMMITTEE

- Review and, if needed, revise the current NCRA Social Media Plan.
- Thoroughly revise the current Policies and Procedures for the Member Facebook Group Page and determine an effective way to implement them.

THE CONNECTION

- Discuss the feasibility of including member feedback e.g. “Letter to the Editor” as part of included content.
- Review topic areas to ensure that content and schedule aligns with current NCRA goals.

WEBSITE COMMITTEE

- Review and provide feedback that will streamline NCRA’s professional association website. Should provide clear and concise information to current membership base as well as other interested parties.
- Work with NCRA staff to determine organizations that could logically exchange links with the NCRA website to provide mutual benefit.
- Serve as reviewers for new Foundation and CTR exam websites.
New CTRs

The summer 2018 CTR Exam was taken by candidates at testing centers during the June 25-July 14 testing window. One hundred-nine (129) candidates passed the exam and formally became Certified Tumor Registrars. NCRA’s Council on Certification proudly congratulates all new CTRs!

Alabama
Mahnaz Aasef, Tuscaloosa
Emily Fausz, Madison
Jennifer Griffith, Birmingham
Laura Hamilton, Montgomery
Letitia Hickman, Tuscaloosa
Arkansas
Mary Beth Lisko, Little Rock
Arizona
Miriam Wilder-Hairston, Mabelvale
Lisa Hall, Sedona
Amanda Little, Avondale
California
Kristina Barnes, Corona
Jonathan Molina, Escondido
Michele Palombo, Long Beach
Irma Silva, Indio
Colorado
Denise D’Mello, Colorado Springs
Jennah Taglieri, Colorado Springs
Florida
Hector Aviles, Wilton Manor
John Fairfield, Cape Coral
Krisha McDonald, Lakeland
Cassandra Pont, Miami
Jesmarie Santiago, Largo
Idaho
Trista Weber, Preston
Illinois
Holly Atchison, West Frankfort
Jennifer Bishop, Carlinville
Jessica Bryan, Homer
Ashley Choi, Northbrook
Isabella Hoben, Mount Vernon
Julie McClain, Rantoul
Norma Rodriguez, Chicago
Holly Whitelow, Washington
Indiana
Joanna Fussell, Valparaiso
Olga Margovskiy-Preston, Columbus
Damon Moorman, Fairmount
Iowa
Trista Weber, Preston
Kentucky
Chelle Gilliam, Olive Hill
Louisiana
Lili Bao, Metairie
Lauren Barnett, Youngsville
Suzanne Champagne, New Orleans
Maine
Amanda Lorentzen, Union
Jill MacDonald, Waterville
Erika Rodrigue, Augusta
Maryland
Aqeela Ahmed, Ellicott City
Kyle Blake, Cumberland
Malorie Thomas, Severn
Massachusetts
Adrienne Donohue, Framingham
Michele Penne, Saugus
Jill Thresher, Georgetown
Michigan
Dana Curtiss, Holland
Brandy Hawley, Holt
Jan LaRose, Ortonville
Karen J. Miller, Flushing
Patricia Mora, Birch Run
Carol Puskala, Marquette
Trudy Ryder, Saginaw
Tara Talaski, Elkton
Dion Wierenga, Alto
Minnesota
Andrea Ronnebaum, Plymouth
Brandy Dirks, Gillespie
Missouri
Connie George, Kansas City
Jeffrey Steffens, Columbia
Mississippi
Nina Engelmann, Pearl
April Huggins, Ridgeland
Maranda Younger, Vicksburg
Montana
Diane Forsyth Larsen, Missoula
New Hampshire
Lyndsey Goyette, Penacook
New Jersey
Madison Friedman, Ridgewood
Gabrielle Taylor, Ewing
New Mexico
Danielle Pagan, Albuquerque
Serafina Seluja, Albuquerque
New York
Ann Heiss, Severance
Danielle Sarcona, Centerport
Lee Sorensen, Plattsburgh
Sandra Sposto, Cold Spring
Angela Youmans, West Hempstead
Larisa Zmoyro, Brooklyn
North Carolina
Cheryl Biagiarelli, Holly Springs
Samantha Cox, Laurinburg
Melissa Forbach, Leland
Carly Kendall, Mebane
Barbara McFee, Jacksonville
Amanda Medlin, Wake Forest
Nancy Meyer, Statesville
Tamarah Tippett, Angier
Cathy Watkins, Cary
Ohio
Sarah Cadaret, Pemberville
Alexandria Estvanik, Toledo
Janine Gabis, Chillicothe
Alicia Gensler, Perrysburg
Elizabeth Kasten, Batavia
Miranda Mougy, New Carlisle
Kelly Saunders, Chatham
Mary Sortman, Middletown
Stacey Ut, Fairborn
Oregon
Julie Bevens, Salem
Nicole Davis, Springfield
Pennsylvania
Tracy Nitowski, Lower Burrell
Clara Piedrahita, Whitehall
Rebecca Smeed, Johnstown
Rhode Island
Donna Rose, Charlestown
South Carolina
Lucinda Boyce, Charleston
Heather Gilkerson, Clover
Susannah Kassler, Columbia
Robyn Williams, Piedmont
Tennessee
Whitney Bryant, Dresden
Marla Turner, Mount Juliet
Dana Griffin, Eullse
Texas
Lindsey Jones, Houston
Karla Millan, Brownsville
Tracey Pittman-Crawford, El Paso
Utah
Diane Rasmussen, West Jordan
Virginia
Paula Crvich, Rural Retreat
Washington
Peggy Ostergaard, Marysville
Wisconsin
Tracy Beierle, Oak Creek
Heather Bowen, Fond Du Lac
Cynthia Lichttenegger, De Pere
Ruth Soper, Waunakee
Angela Thieme, Burlington
West Virginia
Jessica Riggs, Berkeley Springs
Wyoming
Ashley Tawfik, Cheyenne
India
Kallu Harshitha, Telangana
Saudi Arabia
Norah AlDossary, Dhabran
Arwa Alswailem, Dhabran
Singapore
Hui Min Stephanie Chen, Singapore
South Korea
Hee Choi, Gangnamgu
WELCOME TO THE NEW MEMBERS WHO JOINED (JULY–SEPTEMBER 2018)

Lisa Althouse .......................................Cleveland, OH
Miquelle Angel.....................................Santa Fe, NM
Diana Avellaneda ................................Hialeah, FL
Catherine Ayres..................................Lebanon, NH
Lisa Barno-Winarksi............................Rochester Hills, MI
Ashley Belizaire..................................Saint Albans, NY
Taryn Blalock.....................................Aubrey, TX
Sheena Blasdel ..................................Houston, TX
Kelly Bourcet .....................................Chesapeake, VA
Sandra Bramhall .................................Cedar Hill, TX
Bridget Broussard ...............................Deer Park, TX
Lisa Broyles.........................................Glendale, AZ
Carol Carlson .....................................Baldwin, MD
Yvette Carter......................................Cleveland, OH
Brian Castonguay ...............................Fall River, MA
Cheryl Chambers .................................Mcdonough, GA
Santhi Chaparala .................................Springfield, IL
Felipe Chiou .......................................Flushing, NY
Jennifer Christian ...............................San Antonio, FL
Kendra Claybrook ...............................Jenks, OK
Chelsea Cooperthwaite ......................Springdale, AR
Lori Crum ........................................Trout Run, PA
Roger Culley ......................................High Ridge, MO
Theresa Deck ......................................Saint Petersburg, FL
Elisabeth Dietz ..................................Greenville, IL
Jennifer Doherty ...............................Wake Forest, NC
Nicholas Dudas .................................Raleigh, NC
Crista Eberhart ..................................Cincinnati, OH
Natasha Edwards ...............................Lakewood, CO
Brittany Ellington ..............................Staten Island, NY
Michelle Flory ....................................Wooster, OH
Michael Franks ..................................Reno, NV
Kelly Frazier .....................................Concord, NC
Kristen Fukuda ...................................Tucson, AZ
Gail Gautreau ....................................Calgary, AB
Virginia Green ..................................Wichita, KS
Kelly Greve Meyer ..............................Saint Clair, MI
Stacey Groce ....................................New Castle, IN
Caroline Hackney ................................Houston, TX
Anna Hardin .......................................Muskogee, OK
Elizabeth Harding .............................Columbia, MO
Elizabeth Harvey ..............................Cedar Park, TX
Debra Henry .................................Prattville, AL
Taylor Horne ....................................Bethel Park, PA
Megan Howard .................................Oak Harbor, WA
Jennifer Howgate-Klingaman ............Bangor, PA
Julia Huguet .................................Los Angeles, CA
Virginia Johnson ..............................Cleveland, OH
Rebecca Jones .................................Louisville, CO
Virginia Jones ...............................El Dorado Hills, CA
Jessica Kelly ...................................Reno, NV
Carey Kesmar ..................................Riverview, FL
Jennifer Kidd .....................................Elkton, MD
William King ....................................Huron, OH
Stephanie Kitchingham .................Lowell, AR
Elaine Koski ....................................Hazel Green, AL
Julie Kriit .........................................Brooksville, KY
Sharalyn Lankford .............................Columbus, OH
Laura Larsen-Smith .........................Wonder Lake, IL
Diane Latshaw .................................Streetsboro, OH
Michelle Lenzen ..............................Phoenix, AZ
Georgetta Lindsey ............................Dandridge, TN
Kathleen Loflin ................................Wellington, OH
Patricia Love ..................................Fairfield, OH
Kris Ludington ..................Midway City, CA
Betty Malanowski ..............................Palm Bay, FL
Kaleb Martorana .............................Phoenix, AZ
Susan Marx .....................................Smithtown, NY
Kara Mccune ..................................Dalton, OH
Kamala Mcgee ..................................Houston, TX
Michelle Miller ................................Reno, NV
Megan Milos ..................................Granite City, IL
Michael Nelson ..............................San Diego, CA
Diana Newton ...............................Los Angeles, CA
Mari Nicholas ...............................Fargo, ND
Concessa Ong Ante ..........................Aliso Viejo, CA
Ajah Osmann ..................................Miami, FL

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Kerste Paredes ............................................Pearland, TX
Kristine Phillips ..................................................Hamilton, OH
Silfise Pubien ..................................................Pompano Beach, FL
Ann Qualls ..............................................................Panama City, FL
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