NCRA 2019 ANNUAL EDUCATIONAL CONFERENCE UPDATE

VERONICA SHRODE, CTR | CHAIR, NCRA 2019 PROGRAM COMMITTEE

It’s coming together! On September 22, 2018, the 2019 Program Committee members (volunteers and NCRA staff) met in Denver, Colorado for a full day of planning NCRA’s 45th Annual Educational Conference set for May 19–22, 2019. It is obvious to anyone who has experienced an NCRA conference that the NCRA staff is well-seasoned at doing an outstanding job. So much work goes into designing and organizing this major event and we expect this one to be no different. To the staff who work tirelessly to ensure the success of this annual production—we are grateful!

The NCRA staff performed a great deal of prep work and planning even before we landed at the host facility, the Sheraton Denver Downtown Hotel. The feedback provided in NCRA social media was taken into consideration. We heard you! The need to have the tools and education necessary to do our jobs correctly and efficiently was communicated as an essential priority in order to be a valuable and respected partner in the fight against cancer. To that end, we created an agenda with a relevant mix of plenary and breakout sessions, along with the traditional and highly popular poster session. Note the formatting creativity that the committee used when the conference materials are published online.

A side note, we will continue to hold CTR Prep and Fundamental Abstracting sessions, which are found to be highly beneficial to new recruits or others in need of a refresher.

We received so many thoughtful and meaningful submissions. All submissions were numbered and categorized by topic so that committee members could better develop and format ideas for the conference, while keeping committee members’ needs and wants in mind. It was a painstaking process to narrow down the selections and eliminate so many good ones. We went over options several times before finalizing. As of now, presenters have been notified and confirmed. If your presentation was not accepted this time around, please submit next year. Your ideas are essential to this process and production. Since we are limited as to what we can accept, excellent proposals often must be turned down for various reasons.

It is well-known within the industry that the cancer registry profession evolves with all types of changes in medicine as well as advances in the diagnosis and treatment of cancer. In 2018 we endured more change than I have witnessed in my 29 years in the profession. During the selection process, committee members were careful to keep the conference—continued on page 4
Dear Connection Readers:

I hope that 2019 is off to a fantastic start for each and every one of you! It is no secret within the industry that 2018 was a year of many, many changes. But it seems that with all of the resources that are at our disposal, as well as the unwavering support both from NCRA and our colleagues, we have made it! It is now 2019 and we anxiously await the 2018 NAACCR edit set so we can get those 2018 cases completed, edited, and submitted following the latest guidelines. Many of you may be at the point where any backlog is caught up, other projects that often get shelved to keep up with caseload demand have been completed, and you are wondering what you can be doing to prepare for as smooth a transition as possible.

I took the opportunity to discuss this with some of my colleagues at the North Carolina Central Cancer Registry. The main takeaway was to finish everything you possibly can with the information we have thus far. Review 2018 casefinding lists and abstract any missed cases diagnosed prior to 2018. Submit any cases that can still be reported using v16. For cases that cannot, contact managing physicians for thorough first course of treatment and staging information. Clear all edits and complete quality reviews so that 2018 cases are ready to go as soon as we get the word. Do everything in your power to ensure that when the 2018 edit set is available, you are able to devote full manpower and attention to submission of those cases with nothing else lurking in the background.

We also brainstormed a list of productive activities that will ideally help you prepare to maximize efficiency and effectiveness once the 2018 edits are released:

- For CoC hospital, review survey requirements and documentation. Have that information as up to date as possible.
- Complete follow-up on patients that you haven’t had the time to do.

- Audit your 2018 top 5 sites. Carefully review your text documentation to ensure that your text supports the codes you have chosen. Do not leave any ambiguity as no one else has access to your facility’s EMR data. They depend on your text to provide what they need to verify all coded information.
- Review the new SSDI and Grade Manuals.
- Review the new Solid Tumor Rules.
- Use the SEER Educate site specific abstracting modules to test your knowledge for 2018 cases.
- Review the new radiation requirements in the STORE manual.
- Reread Chapter 1, the introductory chapter of the AJCC 8th Edition, that features our “go to” rules when the site chapter does not address how things are to be coded. Also review the chapters on the most commonly found sites at your institution. Review all errata sent out to date. Keep in mind that the breast chapter (Ch. 48) was completely revamped; be sure that you are reading the most current information.

I hope these suggestions will provide an opportunity to sharpen your registrar skills. This list may look overwhelming, but just pick one activity and focus on that. When that is complete, move on to the next. In no time, you’ll find that everything needed for a successful submission is in place and it will not be necessary to stressfully rush to finish 2018 on time. While I hope you are enjoying a bit of well-deserved downtime, also use this extra bit of time wisely to do now what there won’t be time for later!

Best,
Laura DeFino-Coscia, BA, CTR

*Special thanks to Melissa Pearson, Ruth Maranda, and Robert Aldrich for their input on this edition’s Letter from the Editor.
“If you have knowledge, let others light their candle in it.”
—Margaret Fuller

JANET REYNOLDS, BA, CTR | NCRA PRESIDENT

As I write this article—between shouts of trick-or-treat on Halloween night for a Winter publication—my hope is that, when you read this, you’ll be feeling energized for the new year and be in possession of much-needed edit sets for your 2018 cases.

Reaching back to my focus areas of why, what and how we face the challenges of this profession, I’ve noticed over the past few months that Cancer Registrars across the country have stepped up and found ways to move forward despite the obstacles readily share their solutions with others. Registrars have taken this as an opportunity to rise to the occasion and identify creative solutions, help a colleague, or simply persevere with a positive attitude.

An action as seemingly simple as offering to share a report template or abstracting guide can have an immeasurably positive impact on someone who is struggling with the changes in data standards. Communicating a summary of the pertinent takeaways from an educational session to someone who was unable to participate can clarify points of confusion before they are put into practice. If you’ve discovered a useful, efficient and successful “how’s” to perform your professional responsibilities, please share that with colleagues, friends, and acquaintances within the profession. Sharing knowledge for the purpose of helping one another is mutually beneficial and can lead to deeper insight for both sides. In other words, this isn’t a competition but a team effort. As Margaret Fuller says, “If you have knowledge, let others light their candle in it.” —Margaret Fuller (1810–1850)

So begins another year. We are ready to tackle our work and move forward from the challenges of the past year. I hope you have the opportunity to share knowledge with another, set and reach your goals, and enjoy life in 2019.

“We will open the book. Its pages are blank. We are going to put words on them ourselves. The book is called Opportunity and its first chapter is New Year’s Day.”—Edith Lovejoy Pierce (1904–1983)
NCRA 2019 Annual Educational Conference Update

theme—Navigating the Mountains of Change from the High Plains to the Front Range—at the forefront of their collective mind. By the time the 2019 conference rolls around, we should be heavy into mastering the updates. We anticipate more sophisticated questions and a thirst for answers that solidify our understanding and move us to the next level. With these considerations in mind, we chose a logo that we are excited to share with the membership. We feel that it captures the spirit of the conference and the host city well.

I took it upon myself to do a bit of city and site research and I have to tell you to bring your walking shoes! The hotel is conveniently located on 16th Street Mall. The street name gives it away. You are at what is virtually an outdoor mall, with a free shuttle that runs continuously. Buses are accessible for those requiring mobility aids such as wheelchairs, walkers, scooters, and crutches. There is a copious amount of restaurants and shops as well as an outdoor market with live music. Locals provide entertainment on the street, so dollar bills come handy for tips. If you forget some essentials or need reasonably priced water and snacks, Target and Walgreens are within walking distance. Bargain hunters will find Ross and TJ Maxx nearby. Its Sugar offers a variety of fun candy to satisfy your sweet tooth, or you could try my personal favorite: a Rocky Mountain candy apple at the Rocky Mountain Chocolate Factory. City Pop Gourmet Popcorn & Candy & Ice Cream is locally owned and offers lots of sweet treats as well.

The hotel itself has several spots to eat, drink, and gather with colleagues and you are welcome to charge items from all of the privately owned onsite restaurants to your room. There is a Yard House onsite and, from my experience in Houston, it has a great happy hour during the weekdays. For a convenient caffeine fix, Starbucks is just across the street. Noodles and Company, also across the street, has amazing zoodles (ribboned zucchini noodles) if you are looking for vegan/paleo/keto food options.

Options to take in cultural arts are close by with theater, plays, and museums. If you are a government and history buff, you are in luck because it’s just a short walk to the Colorado State Capitol and Denver City Hall and County offices. You are free to tour the capitol, where you can see the state representative and senate assemblies, observe the statues, and take in the beautiful scenery.

It is NCRA’s first time in Denver. Plan to attend and enjoy all the conference and the city has to offer!
The American Joint Committee on Cancer (AJCC) held their annual meeting in Chicago in early September. The keynote speaker, Daniel C Sullivan, M.D., Professor of Radiology and Co-Director of Radiation Oncology and Imaging Program of Duke Comprehensive Cancer Institute, spoke about the increased significance of imaging noted in the 8th Edition of the AJCC Cancer Staging Manual as well as the significance of TNM classification and stage grouping.

At the same meeting, the release of the 8th Edition in an electronic format (eBook) was announced to the AJCC membership. The eBook is built on the Kindle platform but if you do not have a Kindle reader, don’t fret. The Kindle app is available as a free download to MAC computers, laptops, iPhone, Android phones, and other electronic readers. Both the app and the e-book are available via a link on the AJCC website, and on Amazon.com.

Although the 8th Edition was a collaborative effort on the part of organizations and individuals too numerous to mention, some will be highlighted in this report. The Union for International Cancer Control (UICC) and the AJCC worked together to develop the TNM classifications and stage groups. Individuals and groups from NCRA, NAACR, NCI/SEER, and CDC/NPCR represented the cancer registry and surveillance community.

Five core teams worked on specific projects. Content Harmonization worked to develop a structure for each chapter within the 8th Edition to ensure that all site or disease specific chapters and sections would have the same look and feel. Evidence Based Medicine and Statistics ascertained that all changes to TNM Classification or Stage Groups were based on extensive medical evidence, research, and juried publications. Precision Medicine determined which site-specific disease indicators should remain as factors, which were appropriate to add, and which needed to be removed from staging algorithms. The Imaging Team was tasked with ensuring that the increased significance of diagnostic imaging data as a contributor to the staging process would be reflected in the 8th Edition Manual. Finally, the Data Collection Core looked at all aspects of data retrieval for 8th Edition staging to determine if the information was accessible in a standardized reporting format within patient health records.

The Editorial Board, comprised of 16 volunteer physicians and 6 AJCC staff, oversaw the complete project with input from the Executive Board. There were 18 Expert Panels created—one for each site-specific or disease-specific chapter or section. Of these 18 panels, 10 had CTR’s serving on them. Additionally, each chapter or section had separate teams of authors tasked with writing all information needed to classify TNM and assign a stage group while remaining mindful of content harmonization, consistency, and continuity within the manual. In total, over 550 volunteers donated time, expertise, and a bit of themselves to compile this 8th edition of the increasingly complex AJCC staging system.

The AJCC recognizes that the release was problematic and is committed to addressing these issues. It is reviewing and refining its processes in an effort to ensure smoother releases of future editions.

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.

Respectfully Submitted,
Theresa Vallerand, BGS, CTR
NCRA Liaison to the AJCC
We are all aware of the changes that were to occur in 2018. Unfortunately many of the projected timelines were pushed back multiple times and this has caused the Cancer Registry field great frustration and challenges. Know that you have not been going through this alone. Behind the scenes, your Advocacy and Technical Practice Directors (ATPDs) have been constantly working to resolve the challenges we are facing. These changes include:

- AJCC 8th Edition
- MP/H Rules—Solid Tumors
- SEER Hematopoietic & Lymphoid Database
- SEER Summary Stage 2018 & SEER EOD
- CoC STORE Manual
- New & Revised Prognostic Data Items
- ICD-0-3 Histology Revisions
- NAACCR Standards Volume II, Version 18
- EDITS
- 2018 Implementation Guidelines
- 2018 New Radiation Coding Rules
- 2018 New Grade Coding Rules

The ATPDs received over 50 Raise Your Voice submissions requesting that we address the changes that we are facing in this challenging time.

Through the Raise Your Voice submissions, the ATPDs sent a detailed letter to the CoC requesting assistance with the following specific concerns:

- Delays in standard setter upgrades and edit set versions that have affected registry software compliance for 2018.
- Manuals and rules for 2018 coding and subsequent training that have not been ready for release in a timely fashion.
- Concurrent abstracting for reporting to RQRS for 2018 without vendor support to identify cases that meet the standard.
- Feedback and answers from the CAnswer Forum have been especially slow.

The ATPDs also sent a letter to AJCC requesting assistance with the following concerns that lie within their domain:

- Delay of implementation of the 8th Edition to 2019.
- Requesting additional assistance from AJCC in managing the lengthy errata for the 8th Edition.
- Dissemination of conflicting information.

The AJCC responded that it is not possible to put off the implementation of the 8th Edition due to physicians already using the 8th Edition for their treatments. They also noted that they are doing everything in their power to ensure that registrars have the most up-to-date information, and that they will be offering a discount for the revised 8th Edition. The AJCC referred us to their website www.cancerstaging.org as the primary source for the most accurate and up-to-date information.

Your ATPDs have worked very hard to address each concern that has been brought to their attention. Quarterly meetings lasting a full weekend help to determine the most effective way to address all challenges with standard setters in conjunction with the rest of the NCRA board. The ATPDs also have multiple conference calls monthly to maintain communication and continue to tackling the challenges that are affecting all of us in the Cancer Registry field.
Initiative: Cancer Disparities Data in North Minneapolis Communities Support the Need for Menthol Sales Restrictions

Summary: A Minnesota Department of Health response to community concerns about cancer led to an analysis of Minnesota Cancer Reporting System (MCRS) data for two adjacent neighborhoods in Minneapolis. With boundaries defined by four zip codes, the two neighborhoods differed by demographics and social determinants of health. The results of the data analysis demonstrated disparities in cancer incidence by race, ethnicity, and sex that pointed to disproportionate cancer burden from modifiable risk factors in one of the neighborhoods. Risk factors that could explain some of the disparities in cancer incidence between the two neighborhoods included cigarette smoking, alcohol use, and hepatitis and human papilloma virus (HPV) infections, all of which have the potential for intervention though targeted public health promotion campaigns. These analyses were timely and provided data in support of efforts to pass ordinances to restrict the sale of menthol containing tobacco products in both Minneapolis and St. Paul. Long-term success in reducing cancer incidence in Minneapolis neighborhoods, however, will require not just targeted cancer prevention action steps but much broader efforts that address racial and ethnic disparities and the social and economic determinants of health.

Challenge: In response to community concerns about cancer, the Minnesota Department of Health analyzed cancer incidence data for two adjacent neighborhoods in Minneapolis, defined by zip codes: North (55411 and 55412) and Northeast (55413 and 55418). Though adjacent, these neighborhoods differed by demographics and social determinants of health. Of note, the African American population approximately represented less than 20% of the population in Northeast Minneapolis, similar to the overall 7-County Metropolitan Area. By contrast, African Americans approximately comprised more than 40% of the population in North Minneapolis. The analysis findings differed between the two neighborhoods and reflected long-standing racial and ethnic differences in U.S. cancer incidence at several sites. When compared with the Metro region, cancer rates among males in North Minneapolis were elevated for cancers of the colon (37%), esophagus (61%), larynx (179%), liver (219%), lung (99%), oral cavity (75%) and pancreas (87%). Among females in North Minneapolis, cancer incidence was elevated for cancers of the cervix (96%), esophagus (201%), larynx (208%), lung (38%), and multiple myeloma (117%). These results stand in stark contrast to the results for Northeast Minneapolis, where the only elevation observed was for liver cancer (94%) among males compared with the 7-County Metropolitan Area. These findings highlight opportunities to develop public health prevention efforts targeted to neighborhoods, because these cancers are associated with well-known, preventable risk factors such as smoking, living in a household with a smoker, alcohol use, obesity, dietary habits, and hepatitis and HPV infection rates. The Department’s efforts to address cancer concerns in North Minneapolis, in particular, dovetailed with ongoing efforts to restrict the sale of menthol flavored tobacco products in Minneapolis and St. Paul, two of Minnesota’s largest cities. Menthol tobacco products are a serious public health threat. The addition of menthol to flavor cigarettes and other tobacco products make smoking easier and more difficult to quit, and more attractive for youth in particular. Further, the majority (75%) of African American adults who smoke reported the use of menthol flavored cigarettes. MDH had previously awarded grants to local health departments and the African American Leadership Forum to conduct an in-depth community survey investigating the African American community’s awareness, perceptions and recommendations to address menthol use. (Learn more at: http://www.health.state.mn.us/divs/hpcd/tpc/topics/menthol_docs/menthol.pdf)

A community-based coalition was already working to address the disproportionate health effects of menthol on the African American community in Minneapolis. Formed and funded by ClearWay Minnesota, and co-led by NorthPoint Health and Wellness and the Association for Nonsmoker-Minnesota, the coalition included 50 faith-based, community based, and other organizations representing the interests of the African American community, LGBTQ, youth, and many more populations disproportionally targeted by tobacco industry marketing.

Solution: The work of the coalition resulted in a recommendation establishing a city ordinance to limit sales of menthol containing tobacco products to adult-only tobacco shops and liquor stores. MDH provided the results of the North-Northeast Minneapolis data analyses to decision makers in Minneapolis as compelling evidence of the disproportionate impact of cancers caused by smoking in the North Minneapolis neighborhood.

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Results: Starting in August 2018, Minneapolis will restrict the types of tobacco retailers that can sell menthol tobacco products. The council voted (10-2) on August 4, 2017 to limit sales to adult-only tobacco shops and liquor stores. Restrictions cut the products’ availability from 318 outlets to 47 stores. This is after the council implemented a flavored tobacco sales restriction to adult-only tobacco shops in July 2015 but exempting menthol. St. Paul passed (6-1 vote) a similar ordinance on November 1, 2017 putting into place the same menthol sales restrictions starting November 2018. The council had exempted menthol from their flavored tobacco sales restriction that was passed in January 2016.

Sustaining success: Just a sampling of the key players and supporters of both of these efforts include the Association for Nonsmokers—Minnesota, NorthPoint Health and Wellness, African American Leadership Forum, NAACP, Aurora-St. Anthony Neighborhood Development Corporation, Blue Cross Blue Shield of MN, ClearWay Minnesota, MAD DADS of Minneapolis, Minneapolis Urban League, Minnesota Public Health Association, Open Cities Health Center, Rainbow Health Initiative, Sabathani Community Center, Shiloh Temple International Ministry, Greater Friendship Missionary Baptist Church, and Ramsey Tobacco Coalition. To succeed, these more targeted efforts must occur in a broader context of addressing the complex and longstanding barriers to improving income and education that serve to prevent populations of color and American Indian communities from gaining equal access to opportunities to attain optimal health. Finally, many of the stores that sell products that are marketed to African American and other North Minneapolis residents are small business owners that struggle to stay in business. Alternative business opportunities need to be developed to assure the economic vibrancy of the area.

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), and this data is then submitted to the National Program of Cancer Registries (NPCR). The CDC-funded NPCR is a population-based surveillance system of cancer registries established in 1992. NPCR supports the collection of high-quality data by central cancer registries through funding, technical assistance, and the development of software for collecting and processing data. NPCR works to release the data in accessible, discoverable, and usable formats. Through NPCR, the CDC supports central cancer registries in 46 states, the District of Columbia, Puerto Rico, the U.S. Pacific Island Jurisdictions, and the U.S. Virgin Islands. To learn more, visit: www.cdc.gov/cancer/uscs. CDC’s U.S. Cancer Statistics Data Visualizations Tool displays the official federal statistics on cancer incidence from each registry that met data quality criteria. Check out this valuable tool at: www.cdc.gov/cancer/uscs/dataviz.
I was honored and privileged to be invited to attend this year’s annual International Association of Cancer Registries (IACR) 40th Scientific Conference, held November 13–15, 2018 at the Hotel Costa Del Sol (formerly Libertador Hotel) in Arequipa, Peru. The program theme this year was “Cancer Registration: from Data Generation to Decision Making”. The International Association of Cancer Registries (IACR) was founded in 1966 as a professional society dedicated to fostering the aims and activities of cancer registries worldwide. Their resources are primarily used by population-based registries, which collect and store information on the occurrence and outcome of cancers in broadly defined population groups. These are typically geographically-oriented. For each new cancer case, registries record and code extensive details on demographics, cancer identification, treatment, staging and follow-up.

NCRA participated in poster presentation Theme 4: Challenges (and Solutions) to Cancer Registration at IACR. The poster was entitled “A Role Delineation Study of the Cancer Registry Profession”. The study was conducted in 2017, but results were obtained from exam content administered in 2018. The study results and analyses were reviewed by both the Council on Certification and “subject matter experts” that examined current skills, knowledge, and practices in the cancer registry profession. Co-Authors were Michael Hechter, NCRA Director of Certification and Kimberly Watson, CTR, Administrator of NCRA Council on Certification. The entire poster can be viewed here: http://www.ncra-usa.org/Portals/68/PDFs/NCRARoleDelineationStudy2017-ExecutiveSummary.pdf

Some of the featured presentation topics were:
- Development of cancer registration in Latin America
- Social disparities on breast cancer in low-middle-income Colombian population
- Discussion of cancer incidence, trends and mortality
- Cancer control planning
- Descriptive epidemiologic studies using registry data
- Childhood cancer
- Challenges (and solutions) to cancer registration
- Using statistical models to estimate the cancer burden
- Using registry data for clinical decision making
- Need for education and training in cancer control

Several keynote speakers from around the world participated, and there were 128 oral and poster presentations available to enjoy. Cancer registry professionals attended from the Netherlands, Russia, Belgium, South Africa, Canada and the United States. Approximately 150 to 200 participants represented Latin America alone. This area encompasses 33 countries including the Caribbean Islands. NAACCR was also represented.

Regarding local knowledge, attendees learned that the most commonly diagnosed cancer sites in Arequipa include: breast, prostate, cervix, stomach, lung and lymphoma. Latin America uses vital records, patient identification sources, and any other available data linkage resources to meet their mandatory population-based cancer registry reporting requirements.

The International Association of Cancer Registries (IACR) provides training and educational resources to health professionals working in population-based registries. Cancer registration is essential to assess burden of cancer, develop cancer control plans, and justify the financial support necessary to carry out and implement interventions aimed at reducing cancer mortality in Latin America. Cancer registrars and registries will continue to play an important role in cancer research by providing quality data on patterns and trends for monitoring cancer burden and identifying priorities in public health.

I would like to take this time to thank Lori Swain and Michael Hechter for assisting me with for presentation preparation and for creating the poster presented at IACR.

The 2019 IACR conference will be held in Vancouver, Canada June 10-12, 2019 in partnership with the North American Association of Cancer Registries. For more information, please visit www.iacr.com.fr/.
As the new Public Relations and Communications Board Director, I am looking forward to the next two years of working with the various committee Chairs and members who dedicate their time to volunteering. In this position, I will act as the liaison between the NCRA Board of Directors and the:

- Social Media Committee
- National Cancer Registrars Week Committee
- *The Connection*
- NCRA Website Committee
- *The Journal of Registry Management*

Introduction of the 2018–2019 Committee Chairs and Updates—

**Social Media Committee**, Chaired by Andrea Sipin. Extensive updates have been made to the NCRA Social Media Guidelines and NCRA Privacy Policy. Updated versions have been posted to the NCRA Facebook page and in the NCRA Update. Please take the time to get familiar with the content of both documents.

**NCRW (National Cancer Registrar’s Week) Committee**, Chaired by Jehan Reaves. The Committee is moving forward with their preparations for the 2019 NCRW. The activities of this committee occur almost year-round. In fact, as 2019 promotional materials and packets are being finalized and sent out, discussion of theme ideas for 2020 will be well underway.

Laura DeFino-Coscia is the new editor of NCRA’s newsletter. In case you missed her Editor's Note in the summer edition, check out her ideas about active participation in quality improvement and communication. Laura is also encouraging “Letters to the Editor” and welcomes new ideas that will enhance the publication.

**NCRA Website Committee**, Chaired by Christina Panicker. This is Christina’s first year as Chair. The committee has been charged with providing feedback to help streamline NCRA’s professional association website, working with NCRA staff to determine other organizations that could have links to the NCRA website, and serving as reviewers for the new Foundation and CTR exam websites.

**The Journal of Registry Management**, Vonetta Williams is the Editor in Chief. Vonetta is graciously serving an extra year as editor. She will actively continue in this role while preparing the associate and incoming associate editor for transition into their new roles in June of 2019. Did you know that the JRM is indexed in the National Library of Medicine’s MEDLINE database? The EAB reported in September that indexing of the JRM is up to date.

The above committees, along with NCRA staff, work diligently throughout the year to make sure NCRA members and customers are kept abreast of current affairs, educational events, and future plans. If you feel like you are missing out or aren’t familiar with NCRA’s social outlets, I encourage you to visit www.ncra-usa.org/About/Connect for more information on how to get and stay connected.
Introduction to the Cancer Registry

SARA BIESE, RHIT, CTR | EDUCATION FOUNDATION CHAIR

In 2013, the Education Foundation developed 12 presentations titled *Introduction to the Cancer Registry* that outline the various aspects of the cancer registry profession. These presentations were created to introduce Health Information Management (HIM) students to the roles and responsibilities of a cancer registrar, with the goal of inspiring them to consider this as a career. Coding activities were added a couple of years later so that HIM students could experience some of the many data fields a cancer registrar codes in an abstract. In 2018 the Education Foundation updated the presentations and coding activities to reflect the new and revised registry manuals that had been recently released.

At AHIMA's summer 2018 Assembly on Education NCRA distributed a virtual package containing the updated materials stored on a USB drive to HIM program directors and instructors. The educational package included all of the original presentations as both MP4s (narrated) and PowerPoint presentations (non-narrated) with speaker's notes included. The topics featured in the 12 presentations were:

- Cancer Registries
- Abstracting
- Coding
- Cancer Staging
- Casefinding
- Patient Follow-Up
- Data Submission
- Confidentiality and Release of Information
- Cancer Committee
- Cancer Conference (aka Tumor Board)
- Quality
- Become a Certified Tumor Registrar

Fact Sheets:
- Become a Cancer Registrar
- FAQs on Becoming a Cancer Registrar
- Earn the CTR Credential
- CTR Exam Eligibility Routes
- NCRA-Accredited Formal Education Programs

The cancer registry reports are sample reports prepared from cancer registry databases designed to help students understand the use and importance of cancer registry data. A link to the NCRA's Center for Cancer Registry website was provided to instructors so that they could easily and frequently access the most updated cancer registry coding activities. These activities, as well as all of the materials on the USB, could be uploaded to the school's Learning Management System and used as student assignments. As a student resource, there is a website link that provides a narrated presentation explaining the various coding manuals required to accurately complete the coding activities.

Often CTR's are asked to present information about their careers to peers, HIM students, High School students, or the community, and, while they are eager to share their career, they simply do not have the time to create a presentation from scratch. While these presentations and activities were targeted towards HIM instructors so that they may have the material readily available to include in their curriculum, anyone may access and use these materials located on NCRA's Center for Cancer Registry Education website at:

http://www.cancerregistryeducation.org/introduction-to-the-cancer-registry

The 12 non-narrated PowerPoint presentations even have speaker notes, eliminating the worry over what to say. The coding activities are ideal for use in cancer registry coding workshop with peers or students. With all necessary materials and answers included, and at the price of free, educating other about the cancer registry profession has never been easier!

If you would like to spread the word about exactly what our profession is- and we hope you do!- please make use of these presentations. One of our main goals is to get others interested in this amazing profession. Take a moment to view the updated *Introduction to the Cancer Registry* package on NCRA's Center for Cancer Registry Education website. If you have any questions about these materials, please contact us at foundation@ncra-usa.org.
NCRA’s certification board—the Council on Certification—develops and administers the CTR Exam. The first exam was offered in 1983. This year (2019) will be the 36th year offering the CTR examination.

In 2019, the computer-based exam will be offered during three, three-week long testing windows at approximately 300 proctored testing centers throughout the United States. Testing outside the U.S. will only be available during the summer and fall testing windows.

Exam Specifications
The CTR Exam is composed of 180, multiple-choice questions, based on seven Domains of Practice:
2. Abstracting/Coding (20 closed-book; 43 open-book)
   Patient Identification
   Cancer Identification
   Staging
   Treatment
   Case Validation and Finalization
3. Follow-up (13 closed-book; 5 open-book)
5. Analysis and Data Usage (18 closed-book)

One hundred and twenty (120) items comprise the closed-book portion of the exam; sixty (60) items comprise the open-book portion which focuses on coding and abstracting. This updated format—based on NCRA’s Council on Certification 2017 role delineation study—began with the 2018 exam and continues with the 2019 exams.

View the detailed content outline at: http://www.ncra-usa.org/blueprint


DATES OF THE 2019 CTR EXAM
March 1–March 22, 2019
June 21–July 13, 2019
October 11–November 2, 2019

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

Get Ready
Informatics Committee Update

ALISON M. HENNIG, BS, CTR

Health Informatics is where clinical care and information technology intersect—and it is rapidly becoming the most sought-after core competency in the cancer registry domain. Cancer registrars understand that the provision of high-quality patient data for research purposes is the underlying basis for improving the prognosis for cancer patients. Recent advancements in care delivery and data access now allow registrars to optimize functions in electronic record and software applications that improve workflows, enable more efficient cancer data collection and surveillance activities, automate functions, and display registry data as never before. Now, more than ever, cancer registrars seek to maximize utilization of these kinds of digital advancements in the electronic health record and other data sources to improve quality.

The Informatics Committee pledges to serve cancer registrars at every experience level of Informatics. Across the spectrum from none through highly advanced, we have the common goal of incorporating more health information technology into the Registry to maximize efficiency and allow registrars to work smarter. In this article we share some of the projects our committee has undertaken to serve the NCRA membership in this capacity. Please check the NCRA website periodically for updates.

- **For registrars in non-Informatics roles with minimal knowledge of Informatics.** An Informatics primer that will serve as a glossary of key Informatics terms with accompanying definitions is planned for the Informatics tab on the NCRA website. If you are hearing unfamiliar terms used at Administrative, IT, or Cancer Committee meetings, refer to this glossary for more information. Alternatively, familiarize yourself with the listed terms and their meanings prior to collaborating with colleagues from other departments.

- **For registrars with some Informatics knowledge/experience but desiring more.** A list of undergraduate and graduate degree programs in Health Informatics is currently provided on the Informatics page of the NCRA website. To this we will be adding Certificate Programs for those who desire a baseline informatics education in a shorter, more condensed format than what a full degree program requires. Certificate programs are typically about 6-8 courses, held online, and award a certificate of completion by the offering educational institution. The Informatics Committee does not endorse one program over the other, we have provided this list as a stepping stone for researching current programs available.

- **For registrars with a solid command of Informatics.** The Informatics Committee is evaluating credentialing bodies in the Informatics sector to see whether there is synergy with the Cancer Registry profession and an Informatics credential that would be of use to the cancer registrar for professional development.

- **For registrars at any Informatics level.** A “Registry Tune-Up” is in the works which will provide practical ideas, tips, and potential solutions to some of the biggest registry challenges: casefinding, abstracting, follow-up, tumor boards, and Commission on Cancer standards. Learn from your counterparts what works for them and see if your registry is harnessing the full power of the EHR and other available technologies.
It is critical that individuals who are on the forefront of treating and/or caring for breast cancer patients possess the most current knowledge of breast cancer prevention, early detection, diagnosis, treatment and follow-up care standards. To help accomplish this, CoC NAPBC Standard 5.1 requires that “members of the Breast care team participate in a minimum of two local, state, regional or national breast-specific Continuing Medical Education (CME) (or equivalent) hours on an annual basis”.

This has provoked the question, “What is accepted as an educational activity?” The answer is relatively simple: any educational activity that is breast disease related and offers at least one CME or the equivalent meets the requirement. The exceptions to this statement are that in-hospital breast cancer conferences/tumor boards and industry-sponsored educational programs that promote specific products, in any format, are not acceptable. Acceptable training can be presented in the format of lectures, web-conferences, Journal CME’s, or other types of on-line education. Attendance at local, regional, state or national meetings/conferences/workshops where breast-disease related educational sessions are offered certainly meets the requirement (must be supported by CME credit or the equivalent). The breast care team member must attend two separate breast disease-related sessions within a conference/meeting/workshop to meet the minimum of the two educational activities annually. Each session should each be a minimum of one hour in length.

As an example: a breast care team member attends Clinical Congress and sits in on a lecture entitled BRCA Risk Navigation on Monday, which is one hour in length. On Tuesday that member attends the 2-hour lecture called Treatment of the Metastatic Breast Cancer Patient. Even though these two separate lectures/activities are at the single conference venue, both are breast disease-related and therefore count as the required two educational activities for the year.

What is not accepted as educational activities under Standard 5.1? Industry-sponsored educational programs that promote specific products or therapies are not acceptable for meeting this standard. This creates a potential conflict of interest, or the appearance of one, and must be avoided. CME credit offered for attendance at the multidisciplinary breast cancer conference is also not accepted and does not count toward this standard. This activity applies to standard 1.2.

The most frequently asked question concerning Standard 5.1 is, “To whom does this standard apply?” The NAPBC encourages continuing education for all members of the breast care team. However, this mandate applies specifically to those who are making treatment decisions and/or those who are directly caring for patients in a preoperative, postoperative or subsequent care setting. This includes all physicians*, APRNs, PAs, and NPs (or comparable roles) who operate in this capacity. It does not apply to nurses, CTR’s, radiology technicians, patient navigators, or research staff. While these individuals are strongly encouraged to obtain continuing education on breast-related topics in order to stay abreast of the most recent disease knowledge and treatment guidelines, they are not required to do so during the review of Standard 5.1.

Knowledge allows us to function at our highest level, problem solving both creatively and effectively. Education plays a key role in our ability to gain and apply the requisite knowledge, and ultimately in our ability to succeed. In this regard, our educational quests have a definite impact on the quality of life that our patients experience. In our world of forever-changing medicine, it is important to understand that while treatments administered can and do save lives, properly educating and informing patients can also be life-saving and add to their quality of life. We can only do this if we are properly educated. The more we know, the more we can impact, share with, and teach others.

* Physician members of the breast care team who also providing genetic counseling in accordance with standard 2.16 are required to adhere to the education requirement set out in Standard 2.16– Genetic Evaluation and Management in addition to the education requirement outlined in Standard 5.1.
Have you thought about writing an article or manuscript for the Journal of Registry Management (JRM)?

Do you have a quality control/quality assurance metric, a lesson learned from a Cancer Registry management perspective, a process you have successfully implemented with your team, or a study that you or a team member has conducted that you would like to share? Do you have information to share regarding the sunset of Collaborative Staging, the transition to AJCC 8th Edition TNM Staging, ICD-10, or the new 2018 changes? If so, we welcome you to submit your article/manuscript for publication in JRM.

Steps and Processes for Writing an Article/Manuscript

**Topic:** A research article should deal with one singular topic that is a well-delineated issue and has current and direct relevance to the profession. Present your arguments and conclusions as succinctly as possible, avoiding unnecessary verbiage. The Journal of Registry Management is particularly interested in manuscripts that focus on the following topics:

1. Birth Defects Registries
2. Cancer Registries
   - AJCC TNM Stage
   - Cancer and Socioeconomic Status
   - History
3. Trauma Registries
4. Registrar Recruitment, Training, and Retention
5. Public Relations

**Methodology:** Depending on the type of paper you are writing, you may want a section that describes the methodology or discusses how data was gathered and/or analyzed.

**Main body of the paper:** The paper can be a case study, quantitative findings, qualitative history, or points of discussion. One method of developing the body of an article is to begin by creating and outline consisting of headings and subheadings. Beginning with an outline forces you to think through your entire article proactively and can help identify holes in the argument or presentation early. Once you have the skeleton outline completed, you can then fill in the missing pieces by adding text to the headings and subheadings.

**Conclusion:** The conclusion should be more than a simple restatement of the work done. It should provide unique insight and contribute to the body of knowledge within the profession. It should, of course, flow logically from the rest of the essay. Depending on the nature of the paper, it may draw conclusions from the materials you have presented or it could summarize your findings. It will ideally recap the main points and suggest further research and investigation or encourage a call to action.

**INFORMATION FOR NEW AUTHORS**

Manuscripts may be submitted for publication in the following categories:

- Articles addressing topics of broad interest and appeal to the readership (this includes methodology papers about registry organization and operation)
- Research papers reporting findings of original, reviewed, data-based research
- Primers providing tutorials on relevant subjects
- “How I Do It” papers that provide instructional guidelines
- Opinion papers/editorials including position papers, commentaries, and essays that analyze current or controversial issues and provide creative, reflective treatments of topics related to registry management
- Letters to the Editor
- Specifically-targeted Bibliographies of significant interest.

**Manuscripts (Research Articles).** Articles should follow the standard format for research reporting (Introduction, Methods, Results, Discussion, References), as well as the submission instructions outlined above. The introduction will normally include an abstract, background information, and a rationale/justification as to why the subject matter is of interest to the readership. The discussion often includes a conclusion subsection. A comprehensive reference list is encouraged, as are appropriate tables and figures (graphs).

**Manuscripts (Methodology/Process Papers).** Methodology papers should follow the standard format for research reporting (Introduction, Methods, Results, Discussion) or for explanatory papers that are not reporting results (Introduction, Methods, Discussion), as well as the submission instructions outlined above.

**Manuscripts (“How I Do It” articles).** The “How I Do It” feature in the Journal provides registrars with a forum for sharing strategies with colleagues in all types of registries. These articles describe tips, techniques, or procedures for an aspect of registry operations that the author does particularly well. When shared, these innovations can help registry professionals improve skills, increase efficiency, or enhance registry operations.

—continued on page 16
Abstract. A brief abstract must accompany each article or research paper. The abstract should summarize the main point(s) and quickly give the reader an understanding of the manuscript’s content. It should be placed on a page by itself, immediately following the title page.


Visuals. Use visuals selectively to supplement the text. Attribution. Authors are to provide appropriate acknowledgment of products, activities, and support, especially for those articles based on or utilizing registry data (including acknowledgment of hospital and central registrars). Appropriate attribution is also to be provided to acknowledge federal funding sources of registries from which the data are obtained.

References. References should be carefully selected for their relevance. References must be numbered in order of their appearance in the text. At the end of the manuscript references should be listed in the order that they are cited; do not list references alphabetically. Journal citations should include author, title, journal, year, volume, issue, and pages. Book citations should include author, title, city, publisher, year, and pages. Authors are responsible for the accuracy of all references.

Key words. Authors are requested to provide up to 5 alphabetized key words or phrases which will be used when compiling the Annual Subject Index.

Originality. Articles are reviewed for publication assuming that they have not been accepted or published previously and are not under simultaneous consideration for publication elsewhere. If the article has been previously published or significantly distributed, this should be noted in the submission for consideration.

Manuscripts questions should be addressed to Vonetta L. Williams, PhD, MPH, CTR, Editor-in-Chief at JRMEditor@ncra-usa.org or (813) 745-1783.

NATIONAL CANCER REGISTRARS WEEK

APR 8-12 2019

NATIONAL CANCER REGISTRARS WEEK

CANCER REGISTRARS: Capturing the Picture of Cancer

Learn more at www.ncra-usa.org/ncrw
Change Management Board Update

JENNIE JONES, BS, CHDA, CTR | CHANGE MANAGEMENT BOARD LIAISON

2018 has been a year for the books! Kudos to you, registrars, for adapting and working tirelessly to implement and refine your skill sets to adjust to the new changes. We are incredibly fortunate to be able to work in a community filled with support and encouragement as we navigate these uncharted waters together.

But you may have wondered: where do all of the changes come from, and how do they come about? Any member of the cancer surveillance community is eligible to suggest a change to the standards set via the appropriate process.

Changes must first be endorsed and submitted by one or more of the North American standard setting organizations via a Request for Change (RFC) form, which can be found on the NAACCR website. The Change Management Board is then tasked with reviewing and evaluating all proposals. The Board can request a feasibility study if they feel it is necessary to assess the availability and/or quality of data. For additional information regarding the standards change process, please visit https://www.naaccr.org/data-standards-data-dictionary/#changerequest.

Thank you to the Change Management Board members as well as the entire cancer registrar community for your hard work and dedication in response to the implementation of changes. We are looking forward to another great year ahead in 2019!

You Spoke. We Listened!

Introducing NCRA’s New Member Benefit: A Professional Liability Insurance Program

- Low rates and exclusive member discounts.
- Immediate access to proof-of-coverage and policy documents (upon approval).
- Comprehensive insurance coverage of $1,000,000/$6,000,000.
- Offered by CPH & Associates, a leading provider of Professional Liability Insurance.

Learn more at www.ncra-usa.org/PLInsurance

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The fall 2018 CTR Exam was taken by candidates at testing centers during the October-November testing window. One forty-three (43) candidates passed the exam and formally became Certified Tumor Registrars. NCRA’s Council on Certification proudly congratulates all new CTRs!

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Welcome to the New Members Who Joined (October–December 2018)

Sarah Coombs .................................................. Clarkston, MI
Catherine Cheatle ............................................... FRANKFORT, IL
Victoria Walker .................................................. Emporia, VA
Cynthia Iannello ................................................. Buffalo, NY
Hanna Starr ...................................................... Medora, IN
Jennifer Butcher .................................................. Advent, WV
Jarrell Jones ...................................................... Birmingham, AL
Kathleen Porter .................................................. Hillsborough, NC
Karen Young ..................................................... Verona, WI
Kristina Barnes .................................................... Corona, CA
Cayla Eller ......................................................... Brookhaven, GA
Kerry Ann Dockery .............................................. Lauderhill, FL
Jennifer DiPreta ............................................... Aberdeen, NJ
Alesha Holt ..................................................... Sterling Heights, MI
Hector Aviles ..................................................... Wilton Manors, FL
Julie Heyd ......................................................... Falcon Heights, MN
Camille Maristela .............................................. Los Angeles, CA
Monica Palacios ................................................ Garden Grove, CA
Natasha Bullock .................................................. Clinton, MS
Paula Franklin ..................................................... Dubach, LA
Danielle Ritchie ................................................. Baton Rouge, LA
Patricia Mora ..................................................... Birch Run, MI
Lisa Burke ......................................................... Aurora, CO
Lifeng Li ........................................................ Omaha, NE
Miranda Mougey ................................................ New Carlisle, OH
Christopher Nowosielski ......................... Albany, NY
Erin Salmeron ...................................................... Appleton, WI
Ashley Giesecke ............................................... Palm Harbor, FL
Tanya Dalley ...................................................... Farmington, NM
Mark Wigal ......................................................... Charleston, WV
Julie Morgan ....................................................... Tehachapi, CA
Elizabeth Kasten ............................................... Batavia, OH
Brandy Hawley .................................................... Holt, MI
Hannah Howard .................................................... Atlanta, GA
Deanna Rhodes .................................................. Albuquerque, NM
Stephanie Martin ................................................ Fairbanks, AK
John Spence ....................................................... Clifton Park, NY
Victoria De Decker ............................................ Saint Francis, WI
Denise Diaz ....................................................... Port Richey, FL
Adrienne Pendergast .......................................... Buford, GA
Renee Salley ......................................................... Milwaukee, WI
Amy Gilmore ...................................................... Anderson, OH
Chantel Hoskins ................................................. Michigan City, IN
Teresa Woody ...................................................... Leesburg, FL
Ashley Chapman ............................................... Lyman, SC
Sarah Comer ...................................................... Sharon, SC
Leslie Cromer ..................................................... Seneca, SC
Jakeyiah Dickerson .......................................... Lexington, SC
Jessica Everson .................................................. Mogadore, OH
Taja Lester ........................................................ Athens, GA
Tia Robinson ...................................................... Fletcher, NC
Jennifer Williams ............................................... Anderson, SC
Whitney Williams .............................................. Lexington, SC
Robin Hutson ..................................................... Knoxville, TN
Kathleen Pulford ................................................ Manchester, MI
Janet Horvath ..................................................... Atlanta, GA
Mesha Daniels ..................................................... Sandston, VA
Mistie Ellis ........................................................ Sayre, PA
Tracy Wehunt ..................................................... Spartanburg, SC
Marjorie Caines ............................................... Travis AFB, CA
Ann Zawislak ................................................... Elk Grove Village, IL
Laurie Baker ...................................................... Melbourne Beach, FL
Diane Christ ..................................................... Wauconda, IL
Carol Woody ..................................................... Homewood, IL
Lee Sorensen ..................................................... Plattsburgh, NY
Trisha McCune ................................................. Mojave, CA
Linda Cline ....................................................... Hancock, MD
Sherry Blanchard ............................................... Frederick, MD
Joe Holcomb ..................................................... Oklahoma City, OK
Julie Hiller ........................................................ Binghamton, NY
Erika Patkowa ................................................... Bloomingdale, IL
Melissa Swenson ............................................... Arden Hills, MN
Katie Anderson .................................................. Hixson, TN
Holly Street ......................................................... Rixeyville, VA
James Heizman .................................................. Wake Forest, NC
Suellen Plugge .................................................. Alpharetta, GA
Heta Joshi ........................................................ Wheeling, IL
Tamala Stewart .................................................. Centerton, AR
Stephen Wagner ............................................... Roseville, MN
Carrie Disbrow ............................................... New Fairfield, CT
Kathryn Linda ................................................... Norwich, CT
Anuradha Gundappa ........................................... Lake Forest, CA
Kelsey Robbins .................................................. Dayton, OH
Reyna-Alejo Perez ........................................... Plant City, FL
Alison Gantner .................................................. Seaside Park, NJ
Brandy Draughon ............................................. Huntsville, AL