NCRA acknowledged three exceptional members at its Annual Educational Conference in Denver, CO, on May 22, 2019. Andrea Sipin-Baliwas, MS, CPHI, CTR, received the April Fritz Outstanding New Professional Award; Dianne M. Cleveland, RHIA, CTR, was honored with the Distinguished Member Award; and Theresa M. Vallerand, BGS, CTR, was presented with the Volunteer Excellence Award. The NCRA Awards Program program, established in 1987, highlights outstanding contributions by members to the cancer registry profession and the association. To learn more about NCRA’s awards program, go to www.ncra-usa.org/awards.

### Andrea Sipin-Baliwas, MS, CPHI, CTR—April Fritz Outstanding New Professional Award

Andrea Sipin-Baliwas is the 2019 recipient of the April Fritz Outstanding New Professional Award. The award acknowledges her extraordinary commitment to and embrace of the cancer registry profession. (In 2018, NCRA renamed its Outstanding New Professional Award to honor the legacy of April Fritz, CTR—a beloved colleague who played a pivotal role advancing cancer surveillance and the cancer registry profession. Sadly, the community lost April to pancreatic cancer in 2017.) Sipin-Baliwas started her career in 2014, enrolling in the Cancer Information Management Program at Santa Barbara City College. Soon after, she interned at the Los Angeles Cancer Surveillance Program (LACSP) and quickly moved to its Quality Control Department. She earned her CTR credential that same year. In 2017, Sipin-Baliwas was promoted to Registry Manager, the highest leadership position in the LACSP. Her exemplary cancer registry skills in conjunction with her highly effective written and oral communications skills explain why she has been so successful in managing a 25-person department. These talents were showcased recently when Sipin-Baliwas played a key role in preparing a registry funding application that secured $43 million.

In addition to her work at the LACSP, she has become a leader in the California Cancer Registry, serving on many workgroups that demonstrate her problem-solving skills and can-do attitude—an attitude that has earned her the moniker, “Amazing Andrea.” She has also been active in NCRA. As chair of its Social Media Committee, Sipin-Baliwas updated the organization’s social media policies and procedures and guided staff efforts to increase NCRA’s social media presence. She also serves on the NCRA Editorial Advisory Board as a Peer Reviewer for the Journal of Registry Management. A colleague noted this in support of her nomination: “Having personally worked in the central cancer registry for 42 years, I have never observed a CTR with such compelling motivation to so quickly perform at the highest level.”

### Dianne Cleveland, RHIA, CTR—Distinguished Member Award

The recipient of the 2019 NCRA Distinguished Member Award is Dianne Cleveland. Cleveland has used her nearly 40 years in the cancer registry profession to build an impressive resume. She began her career working as a hospital registrar in a single-person registry and has since crafted a diverse and successful...
Dear Readers,

In this issue of The Connection, readers will have the opportunity to enjoy several articles about the combined IACR/NAACCR meeting held a couple of months ago in Vancouver, BC, Canada. This is a meeting held jointly by both organizations every five years and it provides a unique opportunity to network; learn about the state of the cancer registry practices, procedures, reporting, and data from a global perspective; gain an understanding of cancer as a disease through various cultural lenses; and understand the concerns that other registries face as a result of their own specific resource constraints as well as the successes they enjoy when they find ways to accommodate their specific challenges.

The meeting embraced a theme strongly flavored by the local culture of the First Nations, the Aboriginal group indigenous to this region of Canada. In British Columbia there are 198 distinct First Nations composed of over 200,000 people. The unique climate, diet, genetics, history, and social determinants create a population with distinct health needs and concerns. What a wonderful way to honor a special culture so historically significant to the area!

Speakers from all over the world presented their research through lectures and posters. The breadth and variety of presentations was mind-boggling, from a presentation about using AI to improve case ascertainment in Australia to integrating germline and somatic data into abstracts in England to overcoming changes in case identification in Ghana. I strongly encourage you to read more about the presentations and view the poster submissions that our global colleagues put so much work into. These are located https://www.naaccr.org/naaccr-iacr2019/ and view the selections located under the “Posters” tab and/or the “Presentations” tab.

While I was not fortunate to attend myself, the articles published in this issue of The Connection have created a commitment to myself that I most certainly will be attending the next joint session between the IACR and NAACCR, even if I have to pay out of my own pocket! The educational opportunity is one that simply cannot be matched anywhere else.

Best,
Laura DeFino, BA, CTR
Participate, Navigate, and Celebrate

I attended NCRA’s first timers meeting in Denver this year and was pleased to see so many new faces. I found it encouraging that we had so many first-time attendees. If this was your first NRA meeting I sincerely hope that you learned a lot, enjoyed the snow (yes, it SNOWED in Denver…in MAY) and had ample time to network and connect with fellow cancer registrars.

The comfortable pattern of first timers hibernating in their hotel rooms at the end of each day was noted by moderators of the meeting. Everyone understands that this can be an overwhelming experience. Our heads have been filled to the brim with what we have taken in that day. By the end of the first day most of us—even long-seasoned attendees—want nothing more than to get back to our room to catch up on phone calls, texts and emails, and decompress. All we want is to enjoy the silence of our room. The last thing we want to do is venture out to meet new people and socialize!

That was over ten years ago. Since then, these women and others have become wonderful lifelong NCRA family friends. We may only see one another once or twice a year, but we are there for one another. We mentor one another. We share our successes and concerns. We have one another’s backs.

So…don’t be like the first-timer me. It’s fine to get back to your hotel room, decompress, catch up on your communications and order room service. It’s great to sit alone outside one of the meeting room events and gather your thoughts or answer emails. It’s nice to sit in a meeting by yourself and take it all in. But perhaps make it a goal not to do it every day of the conference. Set an intention to meet at least one new person a day. Perhaps choose one or more of the following activities to help you accomplish this initially.

Participate—in roundtable discussions, meetings and luncheons. Get to know the staff. Ask questions. Get involved.

Navigate your way through the meeting space, poster sessions, exhibits, vendors and the local attractions around the hotel. You’ll undoubtedly find opportunities to network and strike up casual conversation with other registrars.

Most of all—celebrate. Celebrate the fact that you are with approximately 1,000 of the closest friends you will ever have in your life. They know what you go through on a daily basis. Celebrate that you have been afforded a wonderful educational opportunity.

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Most of all, celebrate yourself and that new friend sitting next to you.

Make it a great day!

Paulette Zinkann, BS, CTR
NCRA President.
2019 NCRA Award Winners

—continued from page 1

career that is marked by a willingness to embrace new technologies and mentor the next generation. Cleveland has managed registries at numerous CoC-approved programs and is a former CoC-trained consultant. She has held roles and led initiatives in data management, analysis, and quality assurance. In 1999, Cleveland entered the software arena, holding positions as both a software support specialist and sales manager. She has worked with staffing companies for the last decade, serving as director of registry services and manager of CoC accreditation.

While her career is impressive on its own, what sets Dianne apart is her work in supporting the profession at both the state and national levels. Cleveland currently serves on the Board of Trustees of the Texas Tumor Registrars Association (TxTRA)—a position she has held at three different times (2007, 2013, and 2015). She has also served as the association’s Long-Range Planning Committee Chair, Website Co-Chair, and Program Chair. Her commitment to NCRA began in 2003 when she volunteered to serve on the Board. Since then she has held various positions including Director of Recruitment and Retention, Secretary, and President. She is currently serving on the Governance Planning and Evaluation Committee (GPEC) and as a Director on the NCRA Education Foundation. A colleague who endorsed her nomination stated that “Dianne has touched many registrars across the spectrum of her various duties. Her pursuit of quality and dedication to the education and mentorship of fellow registrars has made her a valued resource for registrars.”

Theresa Vallerand, BGS, CTR—Volunteer Excellence Award

Theresa (Terry) Vallerand is the recipient of the 2019 NCRA Volunteer Excellence Award. She is being acknowledged for her strong commitment to the cancer registry profession as proven through her NCRA volunteer work.

Vallerand first served as Chair of the association’s Ethics Committee, followed by Editor of The Connection, NCRA’s member newsletter. She was elected to the Board of Directors as the Public Relations Chair in 2012. During this time social media was in its infancy, so she was able to help craft the early policies and

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procedures to guide the organization’s efforts in this new communications arena. Vallerand was then appointed to serve as Chair of the Policies & Procedures Committee, a position charged with ensuring that the organization is conducting its business in accordance with the guidance set forth by the Board. She also participated in the development of the NCRA’s most recent Strategic Plan, implemented in 2019.

One of Vallerand’s most important volunteer positions has been as NCRA’s liaison to the American Joint Committee on Cancer (AJCC)—a three-year position she was appointed to first in 2014 and again in 2017. In this role, she represents the interests of the NCRA membership to the AJCC on issues such as cancer staging education, development of new methods and procedures for cancer staging data collection, and the use of cancer staging information. In addition, she provides support and expertise in cancer registry technology to the AJCC. To help communicate the AJCC’s 8th edition changes, Vallerand has served on multiple expert panels and authored numerous white papers and articles. She has worked tirelessly over the last five years to keep members informed and to support registrars in the transition from the 7th to the 8th edition of the cancer staging system.

In support of her nomination, a colleague reported, "Terry has demonstrated that she is an outstanding member who has a history of serving with excellence, dedication, and purpose. NCRA is so grateful to have such a committed representative serving as its members’ liaison to the AJCC.”

During the awards ceremony, NCRA also acknowledged the authors of two Journal of Registry Management papers. The Best Paper award was presented to Yan Yuan, Sana Amjad, Angela Eckstrand, Rob Sevick, James Scott, Shehnum Devji, Christine Bertrand, Mary Jane King, Victor Brunka, Emily Maplethorpe, Emily Walker, Thierry Muanza, and Faith Davis for the article entitled On Capturing Radiological Diagnoses of Brain Tumors to Provide Complete Population Data in Cancer Registries in Canada. An Honorable Mention award was presented to Erin Cook, Susan Gershman, and Richard Knowlton for their article Cancers Among the Oldest Old in Massachusetts from 2004–2014.
The tumor registry team at our seven-hospital health system is a strong and shining example of positive approach to change, and the 2018 tsunami has been no exception. It really comes down to the strengths we've built as a team in general. First and foremost, we remind ourselves daily why we chose this profession, and more importantly, for whom. Next, we listen to one another. Each idea brought to the table is valued and pursued and many have resulted in the development of practical tools to optimize our team approach and grow a strong registry. We also ascribe to the presumption of positive intent, that is to say, we choose to believe that all stakeholders, standard setters, leadership, clinicians, and fellow CTRs are doing the very best they can with the resources available. We see the humor in things, learn from our mistakes, and celebrate our victories, both big and small.

Sometimes, successfully navigating change is about what you don’t do; namely panic. We made a conscious effort to avoid the trap of “Chicken Little” mentality or complaining and blaming when things didn’t go well with the updates. We offered each other a listening ear to voice our concerns (and yes, even the occasional rant), but then we moved forward, staying focused on the work at hand.

Famed abolitionist Frederick Douglass said, “If there is no struggle, there is no progress.” So, we struggled! Though it was difficult, we didn’t stop abstracting 2018 cases at any point in time. We texted and coded the data, consulting the new rules/manuals as we went. We absorbed as much education as we could and kept our ear to the track for the most recent updates. Once cases were as complete and as accurate as possible, they were kept in incomplete status until the software v18 edits were finally installed. This approach strengthened our learning because running the edits and polishing up the abstracts after the software updates has reinforced what we learned while texting and coding, which gives us increased confidence in the quality of the 2018 data.

Clear communication is essential to navigating change, and that’s not always easy. One practical tool we developed is an Excel file with a tab for every major site. When we gain clarity on something, we document what we’ve learned in the file, site the reference, and date and initial our entries. Our lead CTR verifies all the information and enters updates as new information becomes available. We also post site related questions on the tab and the lead CTR investigates those for clarification as well. This has been very helpful for us to share learning, promote consistent interpretation of the new rules and requirements, and collectively correct any misconceptions or misinterpretations that may have occurred.

In addition to our registry navigating the 2018 changes, we also sought ways to assist physicians and other clinicians in doing the same. This impacted my role as a registrar, as I was able to emerge as more of a leader in communication with physicians. I asked our registry team to identify opportunities for improvement of the clinical documentation that is so vital to the quality of the data we submit. Soon, I had enough content to launch a publication I call “Registry Rapport”, a quarterly newsletter with tips, hints, and reminders to our physicians and other clinicians to improve documentation. It’s a simple

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one-page document kept to about three items each issue. So far, I’ve included links to tutorials that show how to navigate our 2018 EMR AJCC staging forms; tips on new data elements like ECOG performance; and reminders, such as to document the names of outside providers or facilities who’ve been involved in our patient’s care. An added bonus to the Registry Rapport is that our director is submitting it as a programmatic goal for our cancer program.

2018 has brought as much change to our profession as we ever imagined we could handle (perhaps even more). Change of this magnitude has the potential to re-define the climate and culture of our profession. When handled well, it will strengthen the quality of our work through data that is as current as possible with advances in cancer care. Throughout 2018 and beyond, each CTR on our team is being challenged as we look for ways to improve our skills during this time of high-impact change. In the words of motivational speaker Denis Waitley, “You must welcome change as the rule, but not as your ruler.”

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2020 DANIELLE CHUFAR ANNUAL CONFERENCE SCHOLARSHIP

Details on the 2020 scholarship, including the essay theme and application, will be available in the fall of 2019. Information will be posted on the NCRA Website (www.ncra-usa.org).
Call for Nominations

LISA BAGCI, BS, RHIA, CTR | NOMINATING COMMITTEE CHAIR

For Such a Time as This—A Call for Nominations

Have you ever wanted to be part of something much bigger than yourself? Have you ever wanted to expand your own knowledge and positively influence the future direction and decisions of our organization? If so, the time might be right for you to consider submitting a nomination for an NCRA elected position. Members elected to the Board of Directors and other important leadership positions serve as the voice of the membership. They are our vital leaders who work diligently to carry out the many initiatives and processes that our organization has in place to drive the direction and future success of NCRA. They continually strive to meet the needs and exceed the expectations of our membership.

BOARD OF DIRECTORS OPEN POSITIONS

- President Elect/Secretary
- Treasurer Junior
- Public Relations Director
- Professional Development Director

OTHER OPEN POSITIONS:

- Council on Certification Representatives (4 positions)
- Nominating Committee Members (2 positions from each region for a total of 6)

Interested candidates in these positions can gain a deeper insight into these roles by viewing an informational video at: http://www.ncra-usa.org/Membership/Volunteer/Volunteer-Leadership-Presentations

Terms begin May 2020 and the deadline for nominations is October 9, 2019. All the offices are two-year terms, with the following exceptions:

- President-Elect/Secretary is a one-year term with a roll-up to President (also a one-year term) and then Immediate Past President (another one-year term).
- Treasurer Junior is a one-year term with a roll-up to Treasurer Senior for one term.
- Council Administrator is a three-year term

Please visit http://www.ncra-usa.org/Membership/Nominations-and-Elections for a look at all position descriptions, eligibility/qualification requirements, and application forms.

We need your help to find the best possible candidates, whether that is yourself or another member. Serving in an elected role is a unique opportunity for you to make a difference in the future of NCRA. Who knows, your experiences until now might have been preparing you all along for just this experience.
Combined IACR/NAACCR Meeting In Vancouver, BC. A First-Timers Perspective

This past June I had the honor and privilege to attend the combined International Association of Cancer Registries (IACR)/ North American Association of Central Cancer Registries (NAACCR) meeting in Vancouver, BC alongside Immediate Past President Janet Reynolds, NAACCR Liaison Linda Mulvihill and NCRA’s Executive Director Lori Swain. Attending these meetings as a first timer was a very informative, educational and humbling experience. Usually the newly elected President attends the NAACCR meeting and then attends the IACR meeting the following year. However, in keeping with the tradition of holding a joint conference in North America every 5th year, I was able to attend both simultaneously. It was an experience I shall never forget!

The session began with a fun ceremony, put on by members of the First Nations people, that consisted of traditional chants, songs, and hoop dancing. The nervous tension that usually accompanies opening plenary sessions seemed to melt away as we were told to consider ourselves as “guests” rather than “participants” and “family” rather than “attendees”. We were told to spiritually purge negative thoughts and leave them on an imaginary hook outside the door. It was as if we were being instructed to take a deep breath and take everything in. It was almost as if we were to become more open to what we would be learning. IACR President Tomohiro Matsuda, who attended the NCRA meeting in Denver, then welcomed us to the conference and thanked the 35 countries in attendance. This was followed by a presentation on the First National Population by Dr. Nadine Caron, which focused on the lack of trust in healthcare by the First Nations People and has led to the establishment of the Joint Indigenous Cancer Strategy. I couldn’t help but compare this information to the Native American population in the United States and the barriers to cancer care and treatment that they face here in our (and their) own country.

As NAACCR Liaison, Linda’s areas of concentration were NAACCR led meetings, as were Janet’s as Immediate Past President in attending IACR meetings. I had the pleasure of choosing from both IACR and NAACCR concurrent sessions, so I enjoyed the best of both worlds.

I attended various NAACCR short session meetings, but the two that stood out most to me were on pancreatic survival trends in the United States by race and stage and a quality review study on usage of pancreatic surgery codes. Findings for 2001–2014 data show a need to shift toward early stage at diagnosis, especially amongst blacks, as well as a need to improve survival. The quality data study on the use of consistent surgery codes was based upon information from metropolitan Detroit hospitals. Coding errors were noted in both hospitals and in the central cancer registry. This showed the potential need for educational opportunities to be made available to both hospital and central cancer registries here in the U.S. as well.

I was fascinated by the information I received on various IACR topics, including radiation effect on colorectal cancer after exposure to atomic bomb radiation (there continues to be no indication of effect) and new thyroid cancer guidelines being implemented in the Netherlands (there continues to be a need). Sometimes, our minds don’t go beyond the boundaries of the United States, so listening to discussions on cancer findings in other countries has been a wonderful learning experience.

My takeaway from three great days made me realize that we are all in this effort together. Every day, in every country, we need to hang our negative thoughts on the imaginary hook outside our doors, and work to provide the very best data possible for worldwide benefit.
I was privileged to attend the International Association of Cancer Registries (IACR) Annual Conference in Vancouver, BC as NCRA’s representative on June 11–13, 2019. The IACR organizes annual scientific meetings sequentially on five of the seven continents. In keeping with this schedule, a combined meeting with NAACCR every 5th year in North America has become a tradition. At the annual conferences, IACR members learn about cancer data collection and research from their sister registries around the globe; and at the combined conferences the representatives are also exposed to the latest trends in data collection and cancer control presented by the members of NAACCR. Rather than uphold the usual tradition of separating each organization by days, the IACR and NAACCR presentations were held in parallel sessions and at times even featured common sessions. It was truly a combined meeting.

IACR President Dr. Tomohiro Matsuda, who also attended the NCRA conference in May, welcomed our representatives to the conference and encouraged us to get to know our counterparts from around the globe. After the initial plenary session on Cancer in First Nations’ Populations, I focused my energies on sessions with the highest concentration of international presentations. I also served as one of the judges for the international student posters competition. NCRA NAACCR Liaison Linda Mulvihill and President Paulette Zinkann focused on the NAACCR sessions. With eight concurrent sessions going at any given time, we had a multitude of learning opportunities available.

Concurrent sessions focusing on emerging cancer registries and epidemiology highlighted the progression from cancer data collection to the use of the data in cancer control efforts as registries mature. This year’s NCRA April Fritz Outstanding New Professional awardee, Andrea Sipin-Baliwas, presented “Coming to America: Cancer Trends among Filipinos in Manila and Los Angeles” during a session on Topics in Asian Cancer Surveillance. Other topics in this session included liver cancer statistics in China and the role of cancer registration in cancer prevention and control in China.

Additional emerging registry sessions included first-look data from registries in Bermuda, Nepal, sub-Saharan Africa, the Southern Urals, and US-affiliated Pacific Islands. I also attended sessions on cancer risks based on environmental and occupational epidemiology, such as the area around the Fukushima nuclear plant accident area; radiation risk of colorectal cancers in survivors of the atomic bombs in Japan; and the ongoing investigation for a possible link between firefighting foam and cancer.

The International Association for Research on Cancer (IARC) of the World Health Organization (WHO) presented multiple studies resulting from the currently available results of the International Cancer Benchmarking Partnership (ICBP) SURVMARK-2 project, which was launched in July 2016 and is expected to be complete in early 2020. SURVMARK-2 (Cancer Survival in High-Income Countries) will produce high impact cancer survival, incidence and mortality comparisons. The ICBP is a collaboration of clinicians, policy-makers, researchers, and cancer data experts that aims to measure international differences in cancer survival and, crucially, to identify factors that might be driving these differences.

Posters for NAACCR (68), IACR (131), and students (22) were available for review during breaks and during specific session times. Conversations with the authors was encouraged. I had the opportunity to speak with students from Brazil, Mexico, China, Japan, Iran, India, and Great Britain about their research. The dedication and brilliance of these young researchers managed to bridge occasional language barriers, providing hope for continued leaps forward in international cancer surveillance and control.
A Message from the President-Elect/Secretary

NADINE R. WALKER, MS, CTR | PRESIDENT-ELECT/SECRETARY

As the new President-Elect/Secretary I wanted to take this opportunity to briefly share some of what my attention will be focused on over the next year. In my role as President-Elect my primary goal is to provide support to our President Paulette Zinkann so that she is successful in accomplishing her goals and the goals set for NCRA this year. NCRA is entering a phase of change, and we should all be excited about that! We have a new Strategic Management Plan (SMP) that is being implemented this year, and as you all know, there are new rules and guidelines from the standard setters that will keep everyone engaged. This is an amazing time to be a cancer registry professional, and NCRA is ready!

The SMP contains a set of goals that will guide NCRA as an organization over the next several years. Goal 4 (Alliances and Advocacy) is an area that interests me personally. In part, it addresses advocacy. Advocacy requires understanding to be effective; in this regard, I am interested in hearing from all of you to understand more about the issues impacting cancer registry professionals. I would like to learn about any concerns that affect our ability to be successful. Gaining this insight will help NCRA to become an even stronger voice of advocacy at all levels. Ultimately having this type of information will help NCRA do what is necessary to ensure that, along with education and support of the CTR credential, advocacy efforts are advanced appropriately. With this in mind, please be sure to respond to any surveys or other communications from NCRA.

Building strong alliances is also an area that I am interested in. I look forward to being involved in supporting the NCRA and our President in creating new partnerships as well as strengthening existing ones. I expect to be working extensively with the NCRA Executive staff and Paulette this year in our efforts to partner more effectively with other professional entities. We bring so much value to the cancer surveillance and health care community, and I look forward to all that we will accomplish this year! Thank you!

Practice
the 8th Edition of the AJCC Cancer Staging System
www.ncra-usa.org/casestudies

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

Updated 2018
Professional Development Director Update

KAREN MASON, RN, CTR, MSc | NCRA BOARD DIRECTOR FOR PROFESSIONAL DEVELOPMENT

I often ask myself what the difference is between education and professional development. Both are strong terms, indicative of our passion and commitment to further educate ourselves, and are frequently used synonymously. But when we are forced to delineate the two, it becomes apparent that professional development is part of a wider, all-encompassing nomenclature that signifies a commitment not to simply further educate ourselves, but also to demonstrate integrity and professionalism in all of our daily work activities.

A wise person once shared with me a profound truth that I have never forgotten: “You must teach people how to treat you”. As cancer registrars we must teach non-registry colleagues how to treat us. It is a basic expectation to be respected and valued as professionals, and our certification as Tumor Registrars goes a long way towards accomplishing this. Our ability to share in our rightful place around the business table, articulating and demonstrating who and what we are and why we are a valuable contributor to the cancer care team, also helps to achieve professional recognition. By placing a high level of value on ourselves and on our combined career growth and professionalism, we can insist on that respect and value.

The NCRA strategic management plan for 2019–2023 Goal 3 reflects our combined professionalism as well as the direction we hope to take in the coming years.

SMP Goal 3: Create and deliver effective content, programs, products, and services across career phases.

NCRA has established a Professional Development Task Force as part of the effort to ensure that our goals as outlined in the SMP are met. They will be tasked with developing a comprehensive professional development education plan, which is a necessary part of this goal. The plan incorporates products and services that are designed to enhance career and leadership skills. NCRA also wants to bolster the connection between membership and professional development by developing avenues for enhanced volunteer engagement. Volunteering at the state and national level is a very successful way for you to grow professionally. When you volunteer on committees you are giving yourself the gift of free education, acquired by listening to experienced colleagues. You have opportunities to soak up knowledge that they are eager to share, enhance your business writing and/or public speaking skills, and interact regularly with others in the profession. This just covers a few of the benefits, so please consider volunteering your time as an investment in your own professional development.

Wishing everyone a fun summer!
Karen

JRM Call for Articles

Have you thought about writing an article or manuscript for the Journal of Registry Management?

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

Manuscript questions should be addressed to Danette Clark, BS, RMA, AAS, CTR, Editor-in-Chief at JRMEditor@ncra-usa.org.
LINDA MULVIHILL, RHIT, CTRT | NCRA LIAISON TO NAACCR

The International Association of Cancer Registries (IACR) meets in North America once every five years. For this customary meeting, IACR and the North American Association of Central Cancer Registries (NAACCR) held a combined annual conference in Vancouver, British Columbia, Canada, June 11–June 13, 2019. Read more about IACR in the articles in this issue of The Connection authored by NCRA Immediate Past President, Janet Reynolds, and the NCRA Incoming President, Paulette Zinkan.

Thirty-five countries were represented at this conference. Throughout the 2019 conference, IACR and NAACCR sessions were often interwoven within the same concurrent sessions and plenaries, making it impossible to attend the combined conference and not report on sessions from both organizations.

After the welcome ceremony, “Cancer in First Nations Populations” was presented by Dr. Nadine Caron from the University of British Columbia. Canada is home to 200 plus First Nations speaking 34 or more languages. Often a First Nation includes less than 500 people and most have “a lack of trust” in health care seeking. Consequently, they are often not included in Canada data. A “First Nations Client File” was developed to link the British Columbia Cancer Registry with most of the data coming in from pathology reports. A poorer overall survival rate was noted. The information from the linkage was then sent back to the First Nations Health Authority with the goal of directing priorities and a Joint Indigenous Cancer Strategy was established as a result.

Following the “First Nations” presentation was three 10-minute sessions, all of which were very interesting. The 14 population-based cancer registries in Spain only include 26.7% of the Spanish population, so periodically the cancer incidence for all of Spain is estimated. “Estimates of Cancer Incidence in Spain, 2019” discussed how cancer incidence for the nation consists of local data plus estimates for certain (rare) cancers, yet a different statistical model is used for the nation consists of local data plus estimates for certain (rare) cancers, yet a different statistical model is used for other more common cancers. The second short session was based upon the work of the Los Angeles Cancer Surveillance Program, which is the only US cancer registry that has consistently reported cancer incidence for ethnic Asian Americans (Chinese, Filipinos, Japanese and Koreans). The registry’s data thus allows the comparison of these largely immigrant populations with those of their country of origin. The Los Angeles data was compared with Cancer in Five Continents (CI5). Results indicate the roles of non-genetic, modifiable ecologic factors in the development of cancer. The last of the short sessions discussed the improvement in survival data from developing countries.

Concurrent sessions included presentations from US cancer registries as well as other nations. The Data Quality sessions started with “Pertinence of the WHO Guideline on NEC Diagnosis” from the Netherlands. The presenter noted that population-based cancer registry data provides the opportunity to study these poor surviving patients. Results demonstrated that since the World Health Organization (WHO) Guidelines were implemented, there has been a significant increase of the reporting parameters needed for the classification of neuroendocrine carcinomas (NEC). Interestingly, the Netherlands has “data managers” who collect the data in health care facilities.

The Rajiv Gandhi Cancer Institute & Research Center in Delhi, India presented “Dual Primary Malignancies: A Cause of Concern.” Patients with a dual malignancy have been diagnosed with increasing frequency. This observation has multifactorial causes including the increase in life expectancy of cancer survivors, advancements in cancer treatments, and more comprehensive screening protocols. Patients with a cancer diagnosis have an increased lifetime risk of developing a second primary—either a synchronous primary (one diagnosed at the same time or less than 6 months apart) or a metachronous primary (diagnosed greater than 6 months apart). India’s 5 most common cancers are breast, cervix, oral cavity, lung and colorectal. For males, lip and oral cavity are the top two cancers, due to smoking, and for females, breast and cervical lead the way. More Indian women die of cervical cancer than anywhere in the world, while 25% of breast cancers are triple negative (putting those patients at higher risk of death as a result of that cancer). Cancers in India are 40% due to tobacco and 20% due to infections. Different areas of the country have differing factors that may cause cancer. In West Bengal these factors are primarily air and water pollution. Study results indicated that in a developing country, regular screening and follow up visits may help in the early detection of both synchronous and metachronous double primary malignancies.

The Utah Cancer Registry presented information on their “Redcap Inquiry System.” Central registry employees spend time answering questions from hospital registrars about cases that they are abstracting. Hospital registrars routinely called central registrars that they knew well, making for an uneven workload for the central registrars and causing the same questions to be asked and answered multiple times. With the help of their informatics staff, the Utah Cancer Registry staff developed a systematic tracking method that enabled hospital registrars to submit their questions.

—continued on page 14
electronically. The system allows a better allocation of staff time; they can schedule time to answer questions electronically rather than whenever the phone rings. Answers to questions can benefit more than one registrar. The system provides a reference number for tracking the questions and the answers. Staff can group questions into categories and all answers provide the source that was used. The system also tracks how long it takes to answer questions. Reports can be generated by type of inquiry, facility, etc. For instance, one report demonstrated that 827 questions were about missing information and 33 were coding questions. The coding questions took more time to answer—46% took about an hour to research. An area in significant need of training was identified in solid tumor rules. The system has both pros and cons, however. Pro: answers were documented in writing; con: no personal contacts—both groups missed talking to each other!

The Louisiana Cancer Registry (LTR) presented “Louisiana’s Hospital Follow-up Exchange: A Decade of Partnership.” Assessing survival is dependent on complete and timely follow-up data collection. Since 2001 the LTR has sought innovative ways to enhance follow-up data for both central and hospital registries. In 2007 LTR established a program to exchange follow-up data with Commission on Cancer (COC) hospitals. One of the goals was to eliminate duplicate work at the hospitals by providing follow-up information on patients that were seen at other facilities. Using Web-Plus software, follow-up data from the hospitals are annually linked to LTR’s SEER*DMS through a specially designed follow-up file format. The Web-Plus files update the LTR database with any updated data. Possible matches are reviewed by LTR staff. Follow-up data is then consolidated and the hospitals are sent a report with updated information. This system allows hospitals to benefit from the LTR’s national data linkages with the National Death Index (NDI), Social Security Administration (SSA), Centers for Medicare & Medicaid Services (CMS) and the yearly death certificate linkage. Currently there are 13 CoC and 6 non-CoC accredited facilities that participate in the follow-up exchange. LTR started working on a revision to their reporting legislation in 2018 to make electronic follow-up data mandatory on an annual basis for all hospitals.

IARC Director, Dr. Elisabete Weiderpass, MD, MSc, Phd provided the attendees with her vision for the International Agency for Research on Cancer which is a specialized research agency of the WHO. She projected that there would be a 62% increase in cancer incidence worldwide by 2040. Cost of treatment will become significantly more prohibitive and will constitute a larger part of countries’ gross domestic product. Preventative measures must be increased to offset these increasing treatment costs.

The increasing number facilities that treat cancer, the complexity and increasing duration of cancer treatment, oral agents, genomic testing, etc. all add to the complexity of collecting cancer data. Several presentations discussed the use of artificial intelligence, data linkages, and other high tech data sharing methods that can supplement abstracting and follow-up while improving the overall accuracy of cancer data.
**CAP Update**

**College of American Pathologists (CAP)**

CAP Cancer Protocols, established in 1986 (in Word or PDF format) provide consistent and meaningful information that enables health care professionals to manage and study clinical data necessary in improving patient care.

CAP is the only nationally-recognized pathology laboratory standard setter. They provide protocol checklists and synoptic reporting tools that assist pathologists in the diagnostic analysis of tumors and other specimens. CAP has long established guidelines for review of the surgical specimen as a required component of cancer program accreditation. The CAP committee reviews and releases updates to their protocols twice annually, in February and in August. Reviewers are experts from oncology, surgery, radiology, molecular sciences, registrars and other healthcare professions. The February 2019 release included 24 revisions and 2 new protocols.

CAP electronic Cancer Checklists (CAP eCC), established in 2007, is the electronic version of their cancer protocols. The Pathology Electronic Reporting committee (PERT) oversees and guides the development of the CAP eCC. This is such a valuable resource because electronic access to the protocols enables health care professionals to better manage information through cancer data is standardized, structured, and easily accessible.

NCRA maintains a volunteer in the position of Liaison to the College of American Pathologists (CAP). Any nomination made by NCRA must be approved by the CAP Board of Governors. The appointment is on an annual basis, with the opportunity to serve between three and six consecutive terms. As the NCRA inbound Liaison to the College of American Pathologists (CAP), it is both an honor and a privilege to serve as your representative I am charged with the responsibility to bring registry issues/concerns to the committee as it relates to cancer protocols and insight on the proposed plans from the committee to the NCRA Board on the impact of the registry community.

I also participate in the review of questions submitted to the “Ask the Pathologist” (ATP).

It is important to note that registry related coding questions should be submitted through either SEER’s “Ask a SEER Registrar” program [https://seer.cancer.gov/registars/contact.html](https://seer.cancer.gov/registars/contact.html) or the CAnswer Forum [http://cancerbulletin.facs.org/forums/](http://cancerbulletin.facs.org/forums/). This avoids redundancy and allows all registrars to benefit from answers provided by CAP professionals.

**CAP Today** is a monthly newsletter that highlights the activities and initiatives of the committee. Please look for valuable information in upcoming issues via the CAP website link below.

Reference: [https://www.cap.org/](https://www.cap.org/)

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**Important Notice of Change for the JRM Quiz**

**Important Notice of Change for the Journal of Registry Management Quiz**

Beginning with the Spring 2019 issue the JRM quiz will only be available online through NCRA’s Center for Cancer Registry Education (CCRE). The quiz questions will be included in the JRM, but the purchase and completion of the quiz must be made through the CCRE. Once completed, the participant is able to claim CE credit immediately and print the completion certificate. The goal of this change is to streamline the process for purchasing, completing, and claiming CE credit for the quiz. The instructions for accessing the JRM quizzes are listed below.

Steps for purchasing a quiz:
1. Go to NCRA's Center for Cancer Registry Education—[http://www.cancerregistryeducation.org/jrm-quizzes](http://www.cancerregistryeducation.org/jrm-quizzes)
2. Select a quiz to purchase and “Add to Cart” (You may be prompted to login using your NCRA login.)
3. Continue through the check-out process.
4. Once purchasing is complete, the quiz will load automatically into “My Learning Activities” for access at any time.

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DEBORAH A. DICKERSON, CTR | NCRA LIAISON TO THE COLLEGE OF AMERICAN PATHOLOGISTS (CAP)
**Initiative:** Leveraging Cancer Registry Data to Optimize Colorectal Cancer Screening Strategies

**Summary:** The opportunity exists for population-based cancer registries to support improving colorectal cancer screening efforts and patient health outcomes through data access and linkage. Research centers participating in the National Cancer Institute’s Population-Based Research Optimizing Screening through Personalized Regimens (PROSPR) consortium are using linked colorectal cancer screening and cancer registry outcomes data to determine whether colorectal cancer patients receive recommended tests and treatments. The results will be used to identify best practices for colorectal cancer screening, and ultimately hope to reduce colorectal cancer morbidity and mortality.

**Challenge:** Colorectal cancer is one of the leading causes of cancer death in the U.S. and is especially burdensome among minority, vulnerable, and medically underserved populations. Early detection through screening is key to reducing colorectal cancer mortality; promoting screening in order to decrease mortality has been a national goal for the past 20 years.

Screening rates for colorectal cancer in underserved communities are especially low. Research shows that approximately 15% of those without insurance are screened, whereas the screening rate is 50% among those who are insured. Additionally, screening rates in African American and Hispanic populations are considerably lower than in the white population. To achieve decreases in colorectal cancer incidence and mortality, screening regimens most effective and efficient for these specific populations must be determined.

The difficulty with colorectal cancer screening is the complexity of the process. There are various modalities and strategies used for screening, including guaiac-based fecal occult blood testing (gFOBT) or fecal immunochemical testing (FIT) every year, flexible sigmoidoscopy every five years with gFOBT/FIT every three years, or colonoscopy every 10 years. Furthermore, colorectal cancer screening requires more than just one-time screening. In the case of abnormal results, it requires diagnostic evaluation of the results and may include follow-up care or treatment.

**Solution:** In 2011, the National Cancer Institute (NCI) established the Population-Based Research Optimizing Screening through Personalized Regimens (PROSPR) program, funding seven Research Centers and a Statistical Coordinating Center with the goal of understanding how to improve the screening process for screening-amenable cancers. As part of this NCI initiative, the Parkland-University of Texas (UT) Southwestern PROSPR Center was established as one of only three research centers focused on colorectal cancer screening, and the only center specifically targeting a medically underserved population. Parkland Health and Hospital System is the only safety-net health care provider in Dallas County, Texas, serving the uninsured and underinsured population. Thus, partnering with Parkland to form the PROSPR center at UT Southwestern provides a unique opportunity to study colorectal cancer screening in an underserved, racially and ethnically diverse population.

Each year, the Texas Cancer Registry conducts a data linkage between the Parkland-UT Southwestern PROSPR cohort data and registry data to identify patients in the PROSPR cohort with a colorectal cancer diagnosis. Following the linkage, the TCR provides the researchers with cancer registry data, including tumor characteristics and treatment regimens, for those patients in the PROSPR cohort who had a diagnosis of colon or rectal cancer. The resulting linked database is used to determine whether colorectal cancer patients receive the recommended tests and treatments per the protocols established through the Parkland-UT Southwestern PROSPR center research, and also contributes linked data to the national PROSPR Statistical Coordinating Center.

**Results:** New members continue to join the observational cohort study; therefore, TCR will continue to conduct annual data linkages between the TCR data and the Parkland-UTSW PROSPR cohort data until study completion. Although final study results are obviously not yet available, initial findings suggest that screening participation rates in safety-net health care provider settings are higher when using outreach screening strategies, such as mailed invitation letters to undergo FIT or colonoscopy, than using traditional screening strategies of primary care provider visit-based screening. Ultimately, results from the analysis of the linked data will be used to improve the quality of care for Parkland patients and others receiving care through safety-net health care providers. In addition, the findings might inform future local, regional, and national efforts to improve the quality of cancer screening.

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Sustaining success: Based on the research conducted at Parkland-UT Southwestern PROSPR Center, additional initiatives have been funded to expand colorectal screening programs, including mailing FIT test kits to 165,000 underserved residents in 20 surrounding suburban and rural counties, and ensuring that these residents have access to follow-up care. Additionally, scientists with the Simmons Cancer Center at UT Southwestern are already improving the delivery of screening and preventative care based on the research and insights achieved at the Parkland-UT Southwestern PROSPR Research Center.

The linked Parkland-UT Southwestern PROSPR cohort-TCR data is provided to the national PROSPR Statistical Coordinating Center, which houses a central data repository, enabling future research and analysis.

To learn more, contact: Melanie Williams at Melanie.Williams@dshs.texas.gov.

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 are 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, 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. Checkout this valuable tool at: www.cdc.gov/cancer/uscs/dataviz.

June 18, 2019: ICD-O-3 SEER Site/Histology Validation List has been updated. The site/type list is provided in both PDF and Excel format and can be accessed at the following site: seer.cancer.gov/icd-o-3

You Spoke. We Listened!

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Scenes From the 2019 Annual Conference
NCRA Education Foundation

SARA BIESE, RHIT, CTR | EDUCATION FOUNDATION BOARD CHAIR

Annual Basket Program Winners

The Education Foundation would like to thank everyone for their continued support of NCRA’s 19th Annual Basket Program during the conference held in Denver, Colorado. Whether you donated a basket or bought tickets for a chance to win a basket—thank you!

This year’s raffle was once again a great success! 36 baskets were donated and raffled, and the total revenue of ticket sales was in excess of $5,000. The sheer number of tickets sold expresses the quality of the baskets that were donated.

Fifty percent of the ticket sales is donated to the NCRA Education Foundation; the remaining 50% is evenly distributed between the participating state associations.

Thank you again to everyone that participated in the 2019 Annual Basket Program!

This year’s winners were:

Alabama Cancer Registrars Association (ACRA) ................................................... Melissa Meyers
Cancer Registry Association of Arizona (CRAAZ) .............................................. Lisa Hand
Tumor Registrars Association of Connecticut (TRAC) ........................................ Krista Sterup
Colorado Cancer Registrars Association (CCRA) ............................................. Lisa Orr
Delaware Cancer Registrars Association (DCRA) .............................................. Natasha Robinson
Florida Cancer Registrars Association (FCA) .................................................. Sally Kruse
Georgia Tumor Registrars Association (GTRA) ................................................ Patricia Thompson
Cancer Registrar’s of Illinois (CRI) & Chicago Area Cancer Registrars Association (CACRA) ............................................................... Danielle Sarcona
Indiana Cancer Registrars Association (ICRA) ................................................... Peggy Wight
Iowa Cancer Registrars Assoc (ICRA) ............................................................... Jennifer Bishop
Louisiana Cancer Reg Association (LCRA) ..................................................... Amy Cote
Cancer Registrars Association of Maine (CRAM) ............................................. Joanne Turner
Tumor Registrars Association of Maryland (TRAM) ......................................... Mary Jean Pierce
Michigan Cancer Registrars Association (MICRA) .......................................... Amy Kendall
Minnesota Cancer Registrars Association (MCRA) ......................................... Pam Manzolini
Mississippi Cancer Registrars Association (MCRA) ......................................... Stephanie Hill
Tumor Registrars Assoc of Nebraska (TRAN) ................................................... Sheila McReynolds
Cancer Registrars Association of New England (CRANE) ................................ Donna Jenkins
Oncology Registrars Association of New Jersey (ORANJ) ................................... Terri Richardson
New York State Cancer Registrars Association (NYCRA) .................................... Sherry Garrett
Tumor Registrars Association of New Mexico (TRANM) .................................... Valerie Vesich
Cancer Registrars of the Dakotas (CRAD) ...................................................... Lisa Cyphers
Ohio Cancer Registrars Association (OCRA) .................................................. Krista Sterup
Oklahoma Cancer Registrars Association (OCRA-OK) ..................................... Bobbie Graham
Oregon Cancer Reg Association (OCRA) ...................................................... Amelia Martinez
Pennsylvania Association of Cancer Registrars (PACR) ................................. Leann Osada
South Carolina Cancer Registrars Association (SCCRA) ............................... Desiree Montgomery
Texas Cancer Registry Association (TCRA) .................................................... Sheila McReynolds
Texas Tumor Registrars Association
Utah Cancer Registrars Association (UCRA) .................................................... Amy Cote
Wisconsin Cancer Registrars Association (WCRA) .......................................... Rhonda Buchenhain
National Program for Cancer Registries (NPCR) .......................................... Shannon Hart
NCI SEER ........................................................................................................ Sue Huffstutlar
NCRA Education Foundation ........................................................................ Amy Kendall
National Cancer Registrars Association, Inc. .................................................... Heather Burner
Registry Partners (Exhibitor) ......................................................................... Vergie Simmons
samstaff (Exhibitor) ....................................................................................... Joanne Essick
New CTRs

The spring 2019 CTR Exam was taken by candidates at testing centers during the March testing window. Fifty-six (56) candidates passed the exam and formally became Certified Tumor Registrars. NCRA’s Council on Certification proudly congratulates all new CTRs!

**Alabama**
Lisa Carson, *Daphne*

**Arizona**
Valeria Chorba, *Sun City*

**Arkansas**
Allison Lux, *Little Rock*

**California**
Virginia Jones, *El Dorado Hills*
Julie Kwon, *Fullerton*
Colette Lee, *Castro Valley*
Monica Palacios, *Garden Grove*
Kristen Karasinski Santoyo, *Chico*

**Colorado**
Natasha Edwards, *Denver*

**Florida**
Neil Dungca, *Pembroke Pines*
Pedro Hernandez, *Tampa*
Dana Hess, *Deltona*
Mae Isidrisis Monte, *Saint Petersburg*
Chad Williams, *Boca Raton*

**Georgia**
Allicia Pickett, *Locust Grove*

**Illinois**
Shaylea Blackman, *Energy*
Renee Bull, *Carterville*
Janette Donlan, *Astoria*
Katie Emerson, *Zion*
Edyta Szpak, *Hoffman Estates*

**Indiana**
Henna Ahmed, *Zionsville*
Stacey Groce, *New Castle*
Caylie Simon, *McCordsville*

**Kentucky**
Alison Glover, *Louisville*

**Louisiana**
Anna Bernard, *Lafayette*

**Maine**
Shannon Lessard, *Mechanic Falls*

**Maryland**
Natalie Durney, *Frostburg*

**Michigan**
Alison Oster, *Ferndale*

**Minnesota**
Deb Kiefer, *Taopi*
Crystal King, *Lake Lillian*

**New Jersey**
Mallory Aleksic, *Manahawkin*

**New York**
Muhammad Asif, *Glen Oaks*
Felipe Chiou, *Flushing*
Lisa Greenberg, *Staten Island*

**North Carolina**
Schania Gales, *Franklinton*
Dacia Jeffries, *Greensboro*

**Ohio**
Deborah Bambrick, *Canton*
Danielle Briggs, *Holland*
Jessica Gunsaulies, *Urbana*
Brandi Montague, *Perrysburg*
Rebecca Moore, *Cincinnati*
Susan Oyoolo, *Canal Winchester*
Kayla Shaddix, *Cambridge*
Tammy Tisdale, *Toledo*

**Pennsylvania**
Christina Anton, *Bethlehem*

**South Carolina**
Stephanie Hindle, *Myrtle Beach*
Adrienne Whetsell, *Columbia*

**Tennessee**
Bria Readus, *Antioch*

**Texas**
Carolyn Harlan, *Houston*
Elizabeth Harvey, *Cedar Park*
Alicia Smith, *Canyon*

**Virginia**
Candra Bell, *Newport News*
Kelly Bourcet, *Chesapeake*
Dorothy Storm, *Fairfax*

**West Virginia**
Michael Gray, *Charleston*

**Wisconsin**
Sylvia Marcoe, *Pittsville*

*New CTRs were honored at the Awards Banquet*
WELCOME TO THE NEW MEMBERS WHO JOINED (APRIL–JUNE 2019)

Henna Ahmed .........................Zionsville, IN
Abdulrasaq Ajao ....................Indianapolis, IN
Deborah Alstad Young ............Edwardsville, IL
Carrie Antonelli .....................Vero Beach, FL
Carin Arthur ..........................Adams, NY
Aurora Atkins .........................Houston, TX
Sydney Beck ..........................Springfield, IL
Rebecca Berwager ...................Vancouver, WA
Crystal Blanks .......................Orlando, FL
Aretha Bracy ..........................Montgomery, AL
Ryan Breslin ..........................Farmingdale, NY
Shawna Brewster .....................Seymour, TN
Brandy Brown .........................San Antonio, TX
Jennifer Brutger .....................Sauk Rapids, MN
Rose Cantu ............................San Antonio, TX
Nathalie Carrillo ......................Placentia, CA
Lisa Cavalleri ........................Newnan, GA
Wendy Cheng ..........................Monterey Park, CA
Jessica Christenson ................Greenacres, WA
Lauren Cody ..........................Decatur, IL
Karen Conrad ........................Beverly, MA
Dawn Coons ..........................Ormond Beach, FL
Dayna Corrow .........................Oklahoma City, OK
Sue Crain ..............................Crestview, FL
Chalon Davis ........................Fern Creek, KY
Christal Dawes .......................Brattleboro, VT
Emily Delarber .......................Aurora, CO
Stephanie Dennis .....................Thomasville, GA
Joia Di Stefano .......................Mays Landing, NJ
Holly Dickinson .......................New Philadelphia, OH
Lauren Elliott .........................Pearland, TX
Danette English ......................Chicago, IL
Bryan Anthony Estaniel ............Al Ain City, UAE
Brittany Farris .......................Louisville, KY
Joshua Fenton .........................West Greenwich, RI
Elizabeth Fletcher ..................Cincinnati, OH
Carmen Flores .......................Chicago, IL
Wendy Gee ............................Lancaster, NY
Lisbet Gonzalez-Sanchez ..........Lancaster, PA
Mary Ann Griffiths .................Skokie, IL
Annette Guerrini-Nauth ..........Indianapolis, IN
Leticia Guzman-Aschbrenner ....Frankfort, IL
Melissa Hall ..........................Mesa, AZ
Aquiera Halsey .......................Annapolis, MD
Kallu Harshitha ......................Hyderabad, Telangana, India
Julie Haskell ..........................Cary, NC
Linda Hempill .........................Portsmouth, OH
Gina Henderson ........................Aitkin, MN
Michael Hodgson .....................Wellesley, MA
Jessica Honsted ......................Fairview, TN
Bryanna Hopkins .....................Chicago, IL
Angel Houston .........................Macon, GA
Erin Howard ..........................Carthage, NC
April Hubbs ..........................Powell, TN
Kelly Hughey ........................Benbrook, TX
Kelly Jacobs .........................Smyrna, GA
Asmara Khan ........................Mississauga, Ontario, CA
Samantha King ......................Big Rapids, MI
Karen Kinney .........................Highlands Ranch, CO
Elizabeth Krauss .....................Medford, NJ
Jeffrey Krikszens ....................Edison, NJ
Aubrey Lachowsky ...................Salt Lake City, UT
Vicky Lam ............................Tampa, FL
Arlene Lawson .......................Louisville, KY
Crystal Lee ............................Four Oaks, NC
Alco LeMoine .........................Lafayette, LA
Donna Lewis ........................Henrietta, TX
Katie Long ............................Jefferson City, MO
Sharan Malinowski ....................West Gardiner, ME
Kennetha Marion ....................Raleigh, NC
Jennifer McCann .....................Aurora, CO
Emilio Medina .......................Mangilao, GU
Eddy Mfwamba .......................Urbana, IL
Ebony Michel .........................Orlando, FL
Julia Middlehurst ....................Rockledge, FL
WELCOME TO THE NEW MEMBERS WHO JOINED (APRIL–JUNE 2019)

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Kristi Miller.................................Burton, MI
Erin Miller....................................Jefferson City, MO
Courtney Moody.............................Great Falls, MT
Monique Newson...........................Vauxhall, NJ
Brad Odell.................................Dallas, TX
Kelly Odens..............................Sioux Falls, SD
Nichole Ortega..............................Nipomo, CA
Molly Palone..............................Pittsburgh, PA
Gary Peitzmeier............................Arkdale, WI
Lucrecia (Lukie) Peters...............Miami, FL
Cathryn Phillips...........................Milton, FL
Stacey Prince..............................Jacksonville, FL
Ginger Rayburn...........................Rockmart, GA
Diane Reedy...............................Clay, NY
Lymona Marie Refugia...............Mangilao, GU
Marnie Renner.............................Somerset, NJ
Alicia Richardson......................Altamonte Springs, FL
Christy Ritton............................Sayre, PA
Lindsey Robinson.......................Wilmington, NC
Misty Rogers..............................Grand Prairie, TX
Phyllis Rosinski.........................Clarksville, TN
Farzana Salimi...........................Montgomery, AL
Ayanna Sanders.........................Oak Harbor, WA
Masako Sato..............................Akita, Japan
Kiyomi Shirakawa.........................Seattle, WA
Laura Shirley............................Macon, GA
Uzma Shoaib..............................Macungie, PA
Azariah Smith............................Newnan, GA
Kelley Stables.........................Fairbanks, AK
Gabrielle Taylor.........................Ewing, NJ
Katelynn Thompson.....................Montgomery, AL
Shanetta Thompson...................Houston, TX
Carrie Tryon.............................Ozark, MO
Nicole Walters............................Edgerton, WI
Davita Webb...............................Evanston, IL
Anne Wesp..............................Andover, MN
Rebecca Williams-Holland........Evansville, IN
Julie Woods...............................Lawrenceburg, KY
Juventia Wright.........................Waukegan, IL
Audrey Zamora..........................Elk Grove, CA
Lia Zamora...............................La Grange, IL