The Program Committee is excited to announce the theme of NCRA’s 43rd Annual Educational Conference – Monumental Educational Experiences for Cancer Registry Professionals. We hope you are planning to join your fellow cancer registrars and colleagues as we gather April 5-8, 2017, at the Gaylord National Resort & Convention Center in Washington, DC.

The Program Committee has designed a comprehensive program to ensure registrars are current and up-to-date with advancements and changes in the field. The keynote speaker is Lawrence Shulman, MD. Dr. Shulman is the Chair, Commission on Cancer, and Deputy Director for Clinical Services of the Abramson Cancer Center at the University of Pennsylvania. His keynote address will discuss the future of the Commission on Cancer and the importance of registrars.

Following the keynote speaker, two of our national standard setting organizations will discuss data collection in today’s environment. Additional plenary sessions include other topics of interest to registrars. The concurrent sessions include six topic areas: Hospital Registry, Registry Management, Central Registry, Data Analysis, Professional Development, and Site-Specific. The topic areas provide conference attendees a wide range of choices to meet individual educational needs. Over 45 plenary and concurrent sessions are scheduled, and you can earn over 18 CEs in three days!

NCRA will dedicate one day of the annual conference to highlighting the AJCC Cancer Staging Manual, Eighth Edition. This is the first national meeting focused solely on preparing registrars for the new staging system. Presenters will showcase what’s new and outline the differences between the seventh and eighth editions to ensure registrars are successful in making the change. This information can be shared with other members of the cancer team to help them prepare for a smooth program transition.

What could be more fitting when visiting Washington, DC, than to meet with your elected officials? Help Congress understand the value of our work! NCRA will arrange a meeting with your member of Congress for Thursday, April 6. NCRA will provide materials to share with your member of Congress and train you on the most effective approaches for your meeting. This is a great opportunity to help advance the cancer registry profession—and for your own professional development! NCRA will provide transportation to and from Capitol Hill and grant you electronic access to any educational sessions missed while at your meeting. This is a free event, but you must sign-up when you register for the conference.

NCRA is offering several workshops, including one pre-conference workshop, CTR Exam Prep: Hands-On Strategies for the Open-Book Section. NCRA is also offering two post-conference workshops, including Cancer Informatics: Case Studies for the Cancer Registrar; and a two-day workshop entitled SEER: Advanced Topics for Registry Professionals.

Pre-registration is required and space is limited for these workshops. The popular Fundamentals of Abstracting Workshop will be offered again in 2017. This workshop runs concurrent with the conference and is intended for cancer registry employees with between six months and two years of experience.

NCRA will provide a complimentary copy of the Conference Proceedings in electronic format (PDF) to all attendees. You will be able to print, in advance of the conference, the session details and related PowerPoints to create a personal schedule. If you prefer a hard copy of the proceedings, please add this option to your registration cost. Building on its success from 2016, NCRA will again offer a conference mobile app. It will include the conference schedule, session descriptions, and links to PowerPoint presentations, exhibitor information, and details on Washington area attractions. Instructions on how to download the app will be sent to attendees in early May.

The Gaylord National Resort & Convention Center is a spectacular waterfront resort, with a stunning 19-story glass atrium and sweeping views of the Potomac River. Just a short distance from Old Town Alexandria and downtown Washington, DC, the Gaylord is steps away National Harbor’s premier entertainment and shopping district with more than 150 shops and over 30 restaurants.

Details on making hotel reservations and registering for the conference are included in the registration brochure that was mailed in early January. Online registration and other conference information are available through NCRA’s website at www.ncra-usa.org/conference.

The 2017 Program Committee is especially pleased with the agenda and feels you will not want to miss this conference. We look forward to seeing you in Washington, DC!
Editor's Note

Happy New Year!!

Many of us may dread the beginning of a new year, thinking of all the resolutions we are expected to make and keep. But as years go by and resolutions are eliminated or changed, we find ourselves realizing a new year is just a time to revisit our goals, compromises and wishes. It is a time to begin again, to understand sometimes change is not necessary or that changes can be great. No one shoe fits everyone. Enjoy the opportunities of the New Year, be good to yourselves.

With another year gone by, what does the New Year have in store for our profession?

We have changes and additions coming our way. NCRA will be holding the 43rd Annual Educational Conference April 5-8, 2017; make sure you read the first page of this issue to find out what excitement is in store for us. How about taking the time to participate in the ‘Walk on Capitol Hill’, lets promote our profession; see more on page 7.

Have you ever wondered what is happening on the international cancer registry front? Check out Leah Kiesow’s article on page 4.

Until Jocelyn Hoopes’ article on page 8, I never thought of topics outside the box of cancer data; quite interesting!

From every issue of The Connection, I learn so much about all the committees NCRA has to offer. It is just astounding. How fortunately we are for this great organization.

Don’t forget to check out all the new CTRs and new members; as our numbers grow, we become larger and stronger all the time. Wishing 2017 to be delightful for all!

Sherry Giberti, CTR
Editor, The Connection

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President’s Message

Happy New Year—It’s 2017!

Here we are in January, anticipating a new year of possibilities while remembering those that are just memories now and starting sentences with “It seems like just yesterday…” Well, it wasn’t just yesterday—it was 20 years ago, back in January 1997, when I packed up my family, my brand-new CTR certificate, and my AJCC Staging Manual (4th edition!) and headed for a new adventure in New Jersey. I was so green: I had only passed my exam three months earlier after working one year in a cancer registry.

I am grateful to so many folks along my path who presented me with great opportunities, from the Kentucky hospital that approved my transfer from medical records to their cancer registry department with zero experience to the young outsourcing company that took a chance on a brand-new CTR. They both hold a special place in my heart. That outsourcing company gambled that an RHIT with one year of cancer registry experience could handle all the abstracting and the CoC standards on her own, along with a follow-up clerk. How did they ensure someone with so little actual cancer registry experience would acclimate and perform? They sent me a mentor, Linda Case. Fast forward 20 years and four hospitals later and I’m President of the National Cancer Registrars Association. Grateful, yes I am!

I’m also grateful I didn’t hear the statement “you need three years of experience working in a cancer registry before we can interview you for a position.” Unfortunately, many of our new CTRs are hearing this and I’m hoping that, as a community of current and future cancer registrars, each of us will make a commitment to reevaluate that statement.

It’s a fact that cancer registrars are retiring in larger numbers each year. To those of you in a position to either hire registrars or influence those who do, I’d ask you to take a chance when you have an opening. Can you realign the job duties of others in your department, in the short-term, to bring on a new CTR with little or no experience? Would you consider contracting with a consultant to mentor your new CTR? When you look at your staffing, whether it’s only you or a team of registrars, do you have a succession plan for retiring CTRs? When you agree to take on students for their 160-hour clinical practice, are you looking at them as a potential employee? If your facility can’t hire them, are you willing to reach out to your neighboring facilities to open a door for them after they become a CTR?

LINDA CORRIGAN, MHE, RHIT, CTR | PRESIDENT, NCRA

Now, to those of you considering pursuing the education necessary to qualify to take the CTR exam, I say great, we need you! By “we” I don’t necessarily mean that the town where you currently live needs a CTR, but that the country in general does. If you’re already working in a cancer registry while pursuing your CTR, congratulations on working for an organization willing to employ you while you learn. For those of you who aren’t currently working in a cancer registry while you’re taking classes, have you thought about relocating to where you see openings? If you’re unable to relocate, I would recommend reaching out to local hospitals, your state’s central registry, and national outsourcing companies. Find out what their hiring requirements are and ask about any anticipated future openings.

When you think about your first job as a cancer registrar or your first job in your previous profession, who gave you that first break? What actions did you take to be “in the right place at the right time” to land that job? If you’re studying to become a cancer registrar, you’re likely coming to this profession from another field, so you’ve been down this “newbie” road before. Draw from your previous experiences as you look for a CTR position. And to those established cancer registrars, I encourage you to consider paying it forward.

Linda
It was an honor and privilege to attend the 38th Annual International Association of Cancer Registries (IACR) Scientific Conference in Marrakech, Morocco, this past October. The theme of the program was “Progress in Cancer Registration Worldwide: Reducing Inequities and Demonstrating Benefit.” The Cancer Registry of Casablanca hosted the event with support from the Lalla Salma Foundation for the Prevention and Treatment of Cancers. Every continent was represented, with Africa, Asia, and Europe accounting for the highest attendance among the 226 delegates.

The IACR was founded in 1966 as a professional society dedicated to fostering the aims and activities of cancer registries worldwide. It is primarily for population-based registries, which collect information on the occurrence and outcome of cancer-defined populations. The IACR annual scientific conference has been held regularly since 1970, and annually since 1982.

The scientific portion of the event included 58 oral presentations and 104 poster presentations. The primary plenary themes included:

- **Cancer surveillance for cancer control**: The role of cancer registries in supporting the planning, implementation, and monitoring of cancer-control interventions.
- **Cancer in Africa**: Examples of progress in cancer registration and cancer control in Africa.
- **Strengthening health data**: Examining improvements in data to assess the cancer burden in populations, making the case for cancer registries; and the role of vital registries, electronic medical health records, and broader disease surveillance.
- **Infectious-related cancers**: A review of the evidence relating to infectious etiology of cancers, the impact of health transitions on the profile of cancer, and the role of prevention.
- **Childhood cancers**: Linking data to provide evidence and inform action in low- and middle-income countries.

A vast number of interesting facts were presented over the course of three days. There are too many to list here, but they all demonstrate that the burden of cancer is not just a local or regional matter; the disease affects every population worldwide. Each nation experiences different degrees of challenge to data collection, cancer registration, and accurate assessment of their cancer burdens, but this does not undermine the usefulness of the data being collected. It reinforces the fact that population-based registries share a pivotal role in the progress and improvement of cancer surveillance. Even though gaps in data collection still exist in geographically or financially challenged areas, there are a number of positive events occurring. Screening and prevention programs are being implemented, access to services is improving, data is becoming more available, and newer treatments are being offered to patients.

**A Few Facts from the Scientific Program**

- Low- and middle-income countries bear more than half of the global burden of cancer and have the lowest proportion of the population covered by cancer registries.
- In Nigeria from 2012-2014, in males, 328 out of 365 infection-associated cancers (90%) were attributed to infections and, in females, 623 out of 665 (94%).
- Hepatocellular carcinoma (HCC) is the fifth-most common cancer and second-most common cause of cancer mortality in South Korea, and about half of HCC patients are diagnosed at advanced stages.
- The pathology department at Ibn Rochd University Hospital of Casablanca, Morocco, the only public pathology facility, serves a population of 4.2 million and processes about 12,000 histopathology cases a year.

NCRA participated in the poster presentations with a poster entitled, “Using a Workforce Planning Model to Build a Comprehensive National Cancer Registrar Education System.” The entire poster can be viewed on NCRA’s website at www.ncra-usa.org/iacrposter2016. I’d like to thank Kimberly Watson, Peggy Meehan, Mary Maul, Robin Havens, and Michael Hechter for creating the poster, which outlined the workforce-planning model and steps to deliver education to cancer registrars.

In summary, while there are key differences in the evolution of cancer registration around the globe, many commonalities do exist. One factor holds true: Data will continue to help us uncover and discover what we need to know about the risk factors, etiology, and burden of cancer.

The 2017 IACR conference will be held October 17-19 in Utrecht, the Netherlands. For more information, please visit www.iacr.com/fr/.
Public Health Problem: Hereditary Breast and Ovarian Cancer (HBOC) Syndrome accounts for 5–10% of all breast cancers and about 15% of ovarian cancers. BRCA gene mutations cause the majority of HBOC cancers. Referral to genetic services for cancer survivors with certain risk factors can lead to early detection and risk reduction for additional primary cancers. HBOC genetic counseling can also increase awareness among family members who may be at increased risk.

Use of Surveillance Data and Collaboration: During 2013, the Oregon State Cancer Registry (OSCaR) collaborated with the Oregon Genetics Program to increase awareness of the value of genetic testing and counseling for cancer survivors who may be at risk for HBOC. OSCaR staff identified 2,801 individuals diagnosed between 2009 and 2011 with cancers associated with BRCA gene mutations, including young breast cancer (≤50 years), triple negative breast cancer, ovarian cancer, and male breast cancer. Evidence-based guidelines from the National Comprehensive Cancer Network indicate that these individuals were appropriate for referral to genetic counseling for risk evaluation and genetic testing. Following one of the CDC Community Guide recommendations for increasing cancer screening through small media targeting, OSCaR sent informational letters to the 2,801 identified high-risk patients, as well as 1,253 physicians listed as follow-up physicians for the OSCaR cases. Patient letters included information about risks associated with HBOC, benefits of genetic counseling, and contact information for Oregon genetic testing and counseling services. Patient letters also included information about the requirement that all non-grandfathered private insurance plans must cover genetic services for qualified women as described in the Grade B United States Preventive Services Task Force (USPSTF) recommendation. Physician letters explained the increased risk of developing certain cancers when the patient is carrying a BRCA mutation, the red flags for HBOC (including family history), the availability of genetic services, and potential risks for relatives.

Public Health Outcome: The Oregon Genetics Program used the informational mailing to conduct a high-risk cancer survivor survey, which generated 399 responses (14% of the patient letters). Survey data indicates that this collaborative use of registry data was successful in changing survivor behavior. Over a fifth (22.2%) of respondents who had never been tested indicated that they were now planning to see a genetics specialist in the next year, even though they had not been planning on doing so before receiving the letter. Furthermore, respondents who had not yet received genetic counseling or testing for HBOC cancers were shown to be much more likely to learn new information from the letters than those who had already received either testing or counseling. They were also more likely to feel the information in the letters was useful and to be prompted to take action.

Conclusion: This innovative use of cancer registry data indicates that the registry can be used successfully to increase awareness and promote discussions of HBOC among survivors and providers. Ultimately, increased awareness may lead to increased referrals to genetic services for both cancer survivors and their families.

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

CDC highlights the difference data is making through various “Success Stories.” Visit the Web site (http://www.cdc.gov/cancer/npcr/success/index.htm) to read synopses of important data-driven projects happening across the United States. If you work at a hospital registry and have a success story to share, please send to Peggy Meehan at pmeehan@ncra-usa.org.
NCRA’s Council on Certification will be conducting a scientific research study—a job analysis—to help define the role of the cancer registrar. The Council last conducted a job analysis in 2012, and plans to launch the next in spring 2017.

A job analysis is essential to any credentialing program. It provides the body of knowledge, skills, and abilities (KSAs), and the tasks that define the profession and distinguish it from related professions. Survey results are used to update the CTR exam to ensure it accurately reflects what’s required to be a competent cancer registry professional.

The job analysis helps support the credential program in two ways: 1) it delineates testable content—i.e., helps determine which KSAs should be tested, and 2) it provides insight into how KSAs should be weighted.

By linking exam content to the elements of the job analysis and documenting these links, NCRA’s credentialing program can show that the exam is role-related, content-valid, and appropriate for the profession.

The 2012 job analysis resulted in an update to the 2014 exam content outline and weighting. The upcoming 2017 analysis will help the Council meet certification industry standards to regularly validate exam content. In addition, the Council will use the job analysis project to explore the potential of splitting the current CTR exam into two separate credentials which, when combined, would achieve the current CTR credential.

The Council on Certification contracts with PSI/AMP, a test administration company that’s completed more than 300 job analysis studies over the past 30 years, to develop and conduct our 2017 survey. Volunteers from all corners of the cancer registry field are being assembled to assist with the 2017 survey development. Survey outcomes will be shared after a thorough evaluation by the Council.
Many NCRA conference attendees will head to the Hill while they’re in DC for the Annual Educational Conference in April. The “Walk on Capitol Hill” advocacy day is our chance to educate legislators and their staff about the importance of cancer registries, our profession, and our key priorities.

NCRA will arrange a meeting with your member of the House of Representatives or Senate on Thursday, April 6. We’ll provide materials to share with your lawmaker and train you on the most effective approaches for your meeting. This is a great opportunity to help advance the cancer registry profession—and your own professional development. NCRA will provide transportation to and from Capitol Hill and grant electronic access to any educational sessions missed while at your meeting.

Lisa Landvogt, BA, CTR, who took part in 2012’s Walk on Capitol Hill, said, “I was apprehensive about meeting my representative at first, but ended up enjoying the experience. The congressman’s staff asked questions about registries and what we do; by the end of the meeting they had an understanding of the value of our work for federal cancer research and quality control. It was a friendly meeting and I believe it made a difference.”

It’s an important time to influence Congress. With a new president, 13 new senators, and more than 50 new members of the House of Representatives taking office in January, Congress needs to know about our issues and budget priorities. Federal funding to support the work of SEER and NPCR will likely top the list of talking points; we’ll also discuss the benefits of integrating special cancer surveillance registry needs into the ongoing activities of existing cancer registries.

No one person in government can be an expert in everything. Advocacy helps to cover gaps in knowledge. Armed with NCRA-provided research and your own experience, you’ll be able to successfully discuss cancer registry priorities with Congress. Policy decisions made with the best possible information are a benefit to cancer registries, public health, and to the Congress member’s constituents at large.

NCRA Executive Director Lori Swain, MS, noted that “Members of Congress pay the most attention to constituents from their own states and districts and we’re happy to connect members with them. There is nothing more effective you can do to influence the impact of the government on registries.”

“Walk on Capitol Hill” is a free and fun event, but you must sign up in advance on the conference registration form. Questions? Email policystaff@ncra-usa.org.
Tattoos and the Brangelina Break-Up

JOCELYN HOOPES, MLIS, CTR | CHAIR, INFORMATICS COMMITTEE

Did my headline get your attention? Good—so now let’s explore how it relates to the cancer registry. I’ve long held that most topics can be explored with data, and the two that appear in the headline are no exception. I recently delivered a presentation on informatics and we did, in fact, analyze tattoos and this famous celebrity split.

First up, tattoos. Did you know that venerable data-gathering organizations like the Pew Foundation and the American Academy of Dermatology collect and publish data on tattoos? Attendees at my recent meeting used these organizations’ surveys and data to understand how to analyze data categories and gaps in data. I did this to emphasize the point that, when working with data of any kind, it pays to be a skeptic.

After reviewing the tattoo data, the attendees were quick to point out that the age category stopped at 53 in the dermatologists’ survey. Currently 28% of the U.S. population is older than 55. This leaves more than a quarter of the population unaccounted for in the survey. We speculated on the arbitrary cutoff but reached no conclusion. We did agree that after learning this, we felt the data had real limitations. Other categories raised questions as to why they were included. These included Jail Time (38%), Drug Use (38%), and Alcohol Use-Past (37%). There may have been legitimate reasons for collecting this data on these factors but, without knowing more, the survey data was more interesting than useful. What was it telling us about those who get tattoos, and why? What was it leaving out? How skewed was the picture of those getting tattoos? This last question was greeted with nodding, and probably knowing, heads.

The savvy cancer registrar will see the application of the conclusion we reached. In any research, including cancer informatics, how and why the data is collected is a central factor in determining how it can be applied by the end user. We agreed that being skeptical of data on first review is a foundational principle we must employ as cancer registrars. In truth, all science is based on a method that starts by asking a question, then finding an answer and testing it against the question again. Be a responsible skeptic of the data you find in your registry before you share it with your cancer committee, program manager, or administration.

The topic of Brad and Angelina’s split offered another opportunity to explore informatics. It’s been documented that the general divorce rate rises following a high-profile divorce—so we discussed whether we could determine if this known pattern will follow the Brangelina divorce. If the general divorce rate does rise, does that mean the pattern held? Enter the confounding variable: The U.S. divorce rate increases after the holiday season. If the Brangelina divorce is finalized after the holidays, which factor would be in play? Which variable has impact and which might be lurking? Will the impact be multiplied? Is it even possible to find out?

Granted, this seems a bit frivolous. The question is not one of life and death, unlike those answered through cancer informatics. But the attendees examined this example for three reasons:

- The first was to illustrate that it’s easy to use one piece of data and jump to a conclusion. A responsible cancer registrar will always be on the lookout for confounding variables, even when the original requestor might not. Our role is to have a bigger picture in mind. We know the depth of the data we collect and we must use that knowledge even if, for example, a cancer committee member or administrator may not.

- Another lesson is that we must read broadly, including outside of the registry literature. Peruse the oncology journals and the developing navigation and survivorship materials, among others. Make connections across the disciplines within our field. You’ll be able to more effectively apply cancer informatics when you understand that confounding variables may be lurking.

- Finally, learn your informatics terminology, including “confounding variable.” To help you with this, the NCRA Informatics Committee is working to develop a list of keywords on its webpage. When the web resource is available, we recommend that you take the time to learn their definitions and use them to explore new topics. Once again, you’ll be a better cancer registrar because of it.

The attendees at my meeting were good sports about this unusual exercise in informatics. Sometimes it just takes a different way of looking at things to open our registry eyes a bit wider and gain a clearer understanding of cancer informatics.
Communications Update

DONNA M. LANPHEAR, BA, CTR | PUBLIC RELATIONS AND COMMUNICATIONS DIRECTOR

As Public Relations and Communications Director, I work with five committees: those that collaborate with NCRA staff on The Connection, The Journal of Registry Management, the NCRA website, NCRA's social media, and National Cancer Registrars Week. Many exciting activities are happening within each of these committees, as noted below.

I’d like to thank the volunteer authors who submitted articles to The Connection; their stories keep members informed about NCRA and our industry. NCRA published two 20-page editions over the last six months that featured articles addressing updates on NCRA activities like the Medical Registrar SOC code, the Independent Clinical Advisors initiative, and more. If you haven’t yet read these, you’ll find them at www.ncra-usa.org/connection.

The Journal of Registry Management (JRM) editor receives more than 100 manuscripts annually that are reviewed and edited for this quarterly publication, the only peer-reviewed journal focused on the management of health registries and the collection, management, and use of cancer, trauma, AIDS, and other health registry data. The JRM Editorial Advisory Board recently revised the description of its roles and responsibilities (approved by the Board of Directors) to better reflect its more involved role. A subcommittee was also recently formed to research and report on ways to increase readership and citations in other academic publications.

Patty Higgins, CTR, was recently appointed as the new Website Committee Chair. She has been working with the committee to review the website for accuracy and recommend content that would be of more help to members and visitors. The committee is in need of volunteers. If interested, please send an email to member@ncra-usa.org.

Over the last several months, the Social Media Committee has worked with NCRA staff to revamp its social media efforts, including implementing a regular schedule for posting announcements on Facebook and Twitter, and sending a social media e-newsletter in October 2016 to all members to highlight recent NCRA activities. The committee revamped the Privacy Policy and Website/Social Media Guidelines in early 2016. If you haven’t yet read the guidelines or joined NCRA's social media platforms, please go to www.ncra-usa.org/socialmedia to get started.

Healthcare professionals will be celebrating National Cancer Registrars Week April 10-14, 2017, so mark your calendars! The NCRW Committee has been busy preparing the packet that will mail to all members the first week of February. They also launched the contest to determine the theme for 2018. Once the theme has been selected, NCRA will work with a graphic designer to create three poster options; members will vote on their favorite at the upcoming annual educational conference. Learn more about NCRW at www.ncra-usa.org/ncrw.

LIVE WEBINAR: MAKING DATA LOOK ITS BEST THROUGH DATA VIZ(UALIZATION)

The NCRA Informatics Committee is presenting a one-hour webinar entitled, Making Data Look Its Best Through Data Viz(ualization), on Wednesday, February 15, 2017, at 2:00 pm ET. Jocelyn Hoopes, MLIS, CTR, is the presenter. The purpose of the webinar is to outline how cancer registrars can optimize their value by merging their registry skills with a complimentary set of data presentation skills, such as understanding statistics and numeracy, conducting analyses, and presenting a visualization of the data.

LEARN MORE AND REGISTER AT:
www.CancerRegistryEducation.org/live-webinars
What's considered an ethical infraction? When is an ethical infraction a concern for NCRA? NCRA members are expected to follow NCRA's professional practice code of ethics, found at www.ncra-usa.org/files/public/CodeofEthics08.pdf, to ensure we bring honor and dignity to ourselves, the cancer registry profession, and the association.

NCRA's Ethics Committee investigates complaints of unethical behavior and alleged violations of this code. The code stresses integrity, a key component to workplace ethics and behavior. Integrity is being honest, and doing the right thing at all times.

Taking responsibility for your actions is another major factor when it comes to workplace ethics and behavior. This means showing up on scheduled workdays, arriving on time, and putting in an honest effort while on the job. Workers who exhibit accountability are honest when things go wrong, then work toward a resolution while remaining professional all the while.

Misconduct covers a range of offenses by both employees and organizations. It includes behavior that creates a hostile work environment; conflicts of interest; violations of company Internet policies; falsifying time reports; lying to employees, customers, vendors, and the public; theft; and egregious types of corruption such as bribery, illegal political gifts, and accepting inappropriate gifts.

So what types of issues are brought to the NCRA Ethics Committee for discussion? Below are a few examples.

1. A coworker spends several hours a day using the work computer to shop, check out sports scores, pay bills, do online banking, and surf headlines for the latest celebrity news and political opinions. They're also always on their phone, texting or talking.

Question: Is this unethical? And how does this relate to NCRA?
We can agree that it's not ethical to use your employers' resources for personal business. But is this an issue for NCRA or for the employer?

NCRA Ethics Committee recommendation: Report this behavior to your employer's human resources department.

2. A coworker asked for and received information on a contract that included information about payments for work provided. The request was honored without question because of the personal work relationship between the two employees. Later it was determined that this information was used to start a competing business.

Question: Is this unethical? And how does this relate to NCRA?
Using work channels for personal use/gain is unethical. The person who provided the information should self-report a breach of confidential information. The co-worker who requested the information damaged the credibility of the registry staff by knowingly requesting information in an improper manner for her personal benefit.

NCRA Ethics Committee recommendation: Report this behavior to your employer's human resources department.

NCRA's Code of Ethics asks cancer registrars to

• conduct yourself in the practice of the cancer registry profession so as to bring honor and dignity to you, the cancer registry profession, and the association;
• uphold the doctrine of confidentiality and the individual's right to privacy in the disclosure of personally identifiable medical and social information; and
• cooperate with other health professions and organizations to promote the quality of health care programs and the advancement of medical care, ensuring respect and consideration for the responsibility and the dignity of medical and other health professions.

Courtesy, respect, and cooperation should govern the relationships of fellow cancer registrars. Recognize that consultants and co-workers may have differing opinions regarding certain proposals or recommendations, and do not allow such differences to lead to utterances or actions inconsistent with the professional stature and dignity of a colleague.

Professional titles and degrees should only be used as earned and consistent with the dignity of the profession. Only a certified tumor registrar should use the letters CTR. This is an earned credential. You may work in a cancer registry department and you may abstract BUT if you haven't passed the CTR exam, you may not use this credential.

continued on Page 11
It’s important to conscientiously perform the duties and responsibilities entrusted to you. You must preserve and secure cancer registry records, the information contained therein, and the appropriate secondary records in your custody in accordance with professional management practices, employer policies, and existing legal provisions. You must preserve the confidential nature of professional determinations made by official committees of health and health-service organizations. You must disclose to no one but proper authorities any evidence of conduct or practice observed or revealed in medical reports that suggests possible violation of established rules and regulations of the employer or professional practice.

Professionalism means that you represent truthfully and accurately professional credentials, education, and experience in any official transaction or notice, including other positions and duality of interests. The cancer registrar shall strive to increase the profession’s body of systematic knowledge and individual competency through continued self-improvement and application of current advancements to the conduct of cancer registry practices, while participating in developing and strengthening professional manpower and appropriately representing the profession in public.

The NCRA Ethics Committee comprises of five people. Committee members represent different regions of the U.S. in an effort to prevent one demographic group from dominating the committee’s makeup. The Ethics Committee Chair has a two-year term limit.
The dictionary defines an award as a symbol of excellence, something given in return for a service or accomplishment. The NCRA Awards Program honors members who have greatly contributed to our organization and profession. You can find a full list of past NCRA award recipients at www.ncra-usa.org/awards. When you review the list, you’ll see many familiar names—familiar because of these members’ exceptional contributions to our profession. Unfortunately, not everyone who’s made significant contributions is listed. Why not? Perhaps no one has thought to nominate them or taken the time to do so.

The NCRA Awards Committee sends reminders about the awards deadlines, provides detailed instructions for nominating a colleague, and distributes the nomination forms. Then it’s up to you, the member, to help deserving members be recognized for their work! It’s very important that you complete the nomination form according to the instructions and thoroughly document your nominee’s qualifications.

Award nominations are submitted to the NCRA office, where they’re sorted by category and sent to the Awards Committee. The committee reviews all documentation provided with each nomination using a “scoring form” to ensure objectivity. The scoring form assigns points for how well the candidate meets or exceeds each criterion. The committee totals the results, and nominees with the highest score for each type of award are selected.

Members may wonder why someone they nominated didn’t win an award. Unfortunately, this often occurs when a nomination form isn’t filled out completely or if supporting documentation isn’t adequate. For instance, the committee may receive all of the nomination forms, but not the nominee’s resume. Occasionally someone will be nominated for their achievements at the state level—but this type of nomination should be awarded from their state association. Or a member might be nominated for providing excellent education opportunities but, because this is required by their job, they don’t qualify for an award.

Receiving an award from your national professional organization is not only an honor, but also recognition of your time and dedication. Past recipients can attest that the awards they received reinforced their commitment to NCRA and provided a well-earned sense of accomplishment.

We’d like to take this opportunity to highlight three phenomenal cancer registry professionals who have received NCRA awards in recent years. In their own words, they describe how receiving an NCRA award has made them feel.

Susan M. Koering, Med, RHIA, CTR | Distinguished Member Award 2012
As an NCRA member and hospital registrar for many years, I have seen many colleagues receive well-deserved awards for their contributions to the organization and their profession. I felt very humbled, then, when I was notified that I would receive the 2012 Distinguished Member Award and again when I accepted the recognition at the NCRA luncheon. My journey as a professional involves dedication to learning, sharing with others, and contributing in writings. I feel so proud when someone comes to my office and sees the Distinguished Member Award, and it offers an opportunity to talk about our profession and its impacts on cancer.

Sally Kruse, CTR | Distinguished Member Award 2014
When I was notified that I was nominated, I first expressed disbelief—were they sure I was qualified? My emotions went from ecstatic to doubt. Why was I chosen? Did I really deserve it? I asked myself, “What does it take to be the Distinguished Member?” I finally realized after 35 years in the profession—and volunteering for 33 of those—I did deserve the biggest pat on the back that you can receive from NCRA. I was inspired by those award winners I saw at my first NCRA conferences years ago. I’m still in awe of all of them, and my accomplishments feel pale in comparison to theirs. The plaque hangs proudly in my home office. It just goes to show you that if you believe, work hard, and are dedicated, anything is possible.

Donna Weber, MS, CTR | Distinguished Member Award 2015
When I received a call letting me know that I was being nominated for NCRA’s Distinguished Member Award, my first reaction was disbelief. Surely there were more deserving nominees! Because I have been a member of NCRA for many years and have known many recipients of the Distinguished Member Award, I was humbled and honored to receive this award and be in their company. I am grateful that my employer has allowed me the time to be involved in NCRA and the NCRA Education Foundation, and they graciously recognized me in our newsletter for this involvement and the award.
New CTRs, Fall 2016

The fall CTR Exam was taken by candidates at testing centers worldwide during the October 15–November 5 testing window. One hundred eighteen (118) candidates passed the exam and formally became Certified Tumor Registrars. NCRA’s Council on Certification proudly congratulates all new CTRs!

**Alabama**
Caress Alexander, Mobile  
Curry Chapman, Mobile  
Crystal Jones, Montgomery  
Jarrell Jones, Adamsville  
Susan McMillan, Mobile  
Jolie Smith, Arley

**Arizona**
Jasmine Batey, Goodyear

**California**
Courtney Apanowicz, Carlsbad  
Christina Constantino, Lancaster  
Kessandra Deapen, West Covina  
Ginamarie Farino, Monrovia  
Amanda Foster, Yreka  
Amanda Hill, Cathedral City  
Katherine Khin, Rancho Cucamonga  
Natalie McQueen, Sunnyvale  
Nora Noriega Galindo, Palmdale  
Jennifer Perkins, West Sacramento  
Alba Pineda, Granada Hills  
Indu Sankaran, Fremont  
Linda Schmidt, Rocklin  
Andrea Sipin, Los Angeles

**Colorado**
Sandra Pham, Colorado Springs  
Tracy Trujillo, Colorado Springs

**Florida**
Edna Cruet, Tampa  
Kerry-Ann Dockery, Lauderdalehill  
Evelyn Gorman, Lakeland  
Dawn Mason, Vero Beach  
Albert Reyes, Pinellas Park

**Georgia**
K. Laquel Anthony, Appling  
Michelle Saunders, Colbert

**Illinois**
Andrea Bauerle, Mt. Zion  
Kayla Clark, Peoria  
Debra Corrie, Oak Lawn

**Illinois Cont.**
Angela Costantini, Oak Park  
Linda Dahmert, Lindenhurst  
Sharone Kaplan, Chicago  
Ann Lattner, Hinsdale

**Indiana**
Emily Freeman, Franklin  
Deanna Pavot, Crown Point  
Gwendolyn Williams, Partage

**Kansas**
Sandra Spears, Conway Springs

**Kentucky**
Lindsey Baker, Lexington  
Cindy Joseph, West Paducah  
Susan Knight, Princeton

**Louisiana**
Cindy Martin, Monroe  
Lisa Peterson, Slidell  
Tess Voisard, Lafayette

**Maryland**
Shawn Fedner, Glen Burnie  
Dalia Mobarek, Chevy Chase  
Imran Pizarra, Catonsville  
Joyce Weinstock, Reisterstown

**Massachusetts**
Linda Farretta, Sharon

**Michigan**
Barbara Doss, West Olive  
Heather Kolf, Dearborn Heights  
Paula Koning, Byron Center

**Minnesota**
Laurel Lyttenen, Duluth  
Ilene Tjepkes, Racine

**Mississippi**
Susan Ainsworth, Laurel  
Angela Davis, Lena  
Claire Ivers, Terry

**Missouri**
Daniel Wagner, Kansas City

**Nebraska**
Natalya McClung, Bellevue  
Lori Sanders, Dwight

**New Hampshire**
Paula Chasse, Hampstead  
Jessica Miller, Windham

**New Jersey**
Taylor Hessler, Marlton

**New York**
Geraldine Allegro, Binghamton  
Lindy Bearce, Scotia  
Elizabeth Glover, Highland Mills  
Marcella Os, Levittown  
Huma Rizvi, Bellerose  
Julia Ross, Albany  
Coyle Wood, Menands

**North Carolina**
Jennifer Arriola, Pinehurst  
Jonathan Burrell, Marshall  
Barbara Massie, Moyock  
Betty Mize, Boone

**North Dakota**
Lindsay Carpenter, Grand Forks  
Rebecca Nelson, Fargo  
Joyce Orr, Washburn

**Ohio**
Jennifer Bausch, Massillon  
Jessica Bidlack, Cloverdale  
Bonnie Burns, Zanesville  
Marcia Gordon, Lancaster  
Melissa Nay, Kettering  
Meredith Revard, Sylvania  
Erica Wilhelm, Bellevue

continued on Page 14
New CTRs continued

**Oklahoma**
Mark Cisna, Tulsa
Judy Myers, Oklahoma City
Travis Wickliffe, Tahlequah

**Pennsylvania**
Lee Sa Connor, Pittsburgh
Jan Richards, Windsor
Rhonda Roos, Manheim

**Tennessee**
Penny Dean, Antioch
Mary Ellen Herring, Chattanooga
Mary Kenton, Hermitage
Tiffany Whitt, Soddy Daisy

**Texas**
Kenna Bonner, Houston
Deanna Rodriguez, Helotes

**Utah**
Ann D’Nell Buchi, Bountiful
Taryn Nielson, Lindon

**Vermont**
Lynn Romagnoli, South Burlington
Cynthia Zahn, Rutland

**Virginia**
Alice Avera, Woodbridge
April Bowles, Arvonia
Diana Coates, Gloucester
Shaunette Patterson, Lynchburg
Crescetta Peterson, Virginia Beach
Joni West, Vinton

**Washington**
Carla Conklin, Port Hadlock
Robin Manning, Olympia

**Wisconsin**
Brittany Mueller, Spencer
Sally Sutherland, Kohler

**Manitoba**
Sara Gray, Winnipeg

**Puerto Rico**
Nancy Nazario, Rio Piedras

**Saudi Arabia**
Maram Abdulaziz Al Abbad, Khobar

**Singapore**
Khin Zarchi Aung, Singapore
Tin Tin Khaing, Singapore

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**A NEW YEAR**

A New CE Requirement for CTRs

Learn more about Category A
http://www.ncra-usa.org/categoryA

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**NCRA is Your Resource for CTR Exam Prep**

www.ncra-usa.org/CTRPrep

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Study Guide for the CTR Exam
2017 Edition

A Collaboration of the
Florida Cancer Registrars Association and the
National Cancer Registrars Association

JANUARY 2017
CELEBRATE NATIONAL CANCER REGISTRARS WEEK
April 10-14, 2017

JEHAN REAVES, BS, RHIT, CTR | CHAIR, 2017 NCRW COMMITTEE

Cancer registrars throughout the world will join their colleagues, fellow medical professionals, and community leaders to observe the twenty-first annual National Cancer Registrars Week (NCRW) April 10-14, 2017. The purpose of NCRW is to emphasize the important role cancer registrars play in capturing the data that informs cancer research, prevention, and treatment programs. This year’s theme is Cancer Registrars: Putting the Pieces Together.

NCRW 2017 packets will be mailed to all members in early February and will contain the 2017 poster and press release, a special gift, and additional information on ways to celebrate this important week. You can visit www.ncra-usa.org/ncrw to access the 2017 NCRW logo and an electronic version of the press release to create your own promotional materials.

Thanks to the entire NCRA membership for your dedication and support of the cancer registry profession. This is our week to be proud of what we do and who we are!

The 2017 NCRW Committee members are Brooke Ann Chang, BA, CTR; Rudmila Choudhury, CTR; Kathleen A. Gould-Mitchell, CTR; and Donna M. Lanphear, BA, CTR.

LEARN MORE ABOUT NCRW 2017
AT WWW.NCRA-USA.ORG/NCRW
**WELCOME TO THE NEW MEMBERS WHO JOINED (SEPTEMBER-NOVEMBER 2016)**

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<thead>
<tr>
<th>Name</th>
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<td>Amman, Jordan</td>
<td>Emily Martin</td>
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<td>Samer Abu Dagaish</td>
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<td>Towson, MD</td>
<td>Vesna Zadnik</td>
<td>Ljubljana, Slovenia</td>
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