2015 CTR Exam Summary

KIM WATSON, CTR | ADMINISTRATOR, NCRA COUNCIL ON CERTIFICATION

In 2015, 493 candidates challenged the CTR exam, a rate very similar to 2013 (Figure 1). Of these, 294 were first-time candidates; this group posted a 55% passing rate (Figure 2). Overall, 231 of the 2015 candidates passed the exam, with a 34% pass rate for repeat candidates (Figure 3). There are currently more than 5,200 CTR-credentialed professionals.

Eligibility Route: Eligibility requirements have not changed since 2010. In 2015, 35% of candidates selected Eligibility Route A and 65% selected Route B. This breakdown is similar to that of past years (Figure 4). Passing rates of candidates by Eligibility Route in 2015 were 46% for Route A and 47% for Route B.

Employer: Similar to past years, the primary employer of 2015 candidates was the hospital registry, at over 75%. The second-largest employer in 2015 was central/state registries at 9%.

Residency: Candidates represented D.C. and every U.S. state except for Kansas, Nebraska, New Hampshire, South Dakota and Vermont. Additionally, 12 2015 candidates were from other countries—1 from Canada (Nova Scotia), 1 from India, 5 from Saudi Arabia, 5 from United Arab Emirates—and 2 candidates were from the U.S. territory of Puerto Rico.

Experience: Like past years, the majority (64.3%) of 2015 candidates had between one and five years of experience. About 20% of candidates had less than one year of experience.

Academic Level: In 2010, Route 1 was eliminated, requiring all candidates to have at least an associate’s degree to be eligible to take the exam. Education levels of 2015 candidates were similar to those of past years: associate’s degree holders at 42%, bachelor’s degrees at 32%, master’s degrees at 9%, and PhDs at less than 1%.

Download the full report at www.ctrexam.org.
Dear Colleagues,
What an exciting time of year; watch nature blossom, become and grow. For many, it’s a time for new beginnings.

As the new leadership of our organization evolves, I would like to thank all that have lead NCRA in so many ways enriching our professional growth.

How proud we all should be of our growing profession!
Take a close look at the CTR Exam Summary article by Kim Watson revealing the rate of growth in CTR candidates and test takers.

Please also take time to read Holly Kulhawick’s article on page 7 to see if automating case finding fits your facility.

Make sure to check out new developments in the Membership Committee Update by Angela Rodriguez on page 10. And note the new members on page 14.

I encourage you to embrace your fresh adventures and challenges as a time of rejuvenation.
Always celebrate you and your profession!
Wishing you the best,

Sherry L. Giberti, CTR
Editor, The Connection

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Editor, The Connection

The Connection is the official newsletter of the National Cancer Registrars Association.

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Please direct address changes to: NCRA, 1330 Braddock Place, Suite 520 Alexandria, Virginia 22314 Phone: (703) 299-6640 Fax: (703) 299-6620 Email: info@ncra-usa.org http://www.ncra-usa.org

Article Submission Requirements
1. Articles should pertain to newsworthy events affecting members of NCRA, including education, certification and articles of interest to the entire membership of NCRA. Also intended for inclusion are business matters of NCRA. Scientific articles are not appropriate for The Connection and should be submitted to NCRA’s Journal of Registry Management.

2. Articles should be submitted by email to NCRA. ACSII text or any desktop publishing files are allowed.
3. The document should be formatted to include any text boxes or graphic art; this will be included in the publication if possible.
4. The NCRA Editorial Advisory Board of The Connection reserves the right to refuse publication of any article that is not appropriate. The NCRA Editorial Advisory Board will review the article and the editor will notify the author of any changes before the publication.

The deadlines for article submission:
June 17, 2016 (summer issue)
Sept 16, 2016 (fall issue)
Greetings to my fellow registrars! This will be my last article as president and I would like to start by giving a special thank you to the NCRA Executive Staff, Board of Directors, and volunteers for their dedication to this association. The number of hours logged by NCRA volunteers and staff totals well into the thousands each year and this past year was no different. If you get the chance, please say thank you and show your appreciation to the people who make NCRA an outstanding association to be a part of.

Nearly a year ago, I started my series of Connection articles with one common theme in place: leadership. I would like my final message to convey the same theme. I believe there will be a stronger demand in the future for new leaders in the registry profession. For those of you who are considering leadership opportunities somewhere down the road, this is a good time to explore your opportunities and what you can do to plan for the future. In the sections below, I’ve outlined a few steps you can take to prepare for the transition to leadership.

**Develop your leadership skill set through participation in leadership development programs.** It’s no secret that leaders often deal with different degrees of complexity and uncertainty in their day-to-day work. If your institution offers leadership programs, this is a great way to prepare for what lies ahead. Participating in leadership courses gives you the opportunity to learn about specific leadership goals and expectations within your organization. Internal programs often include information about the institution’s culture, values, diversity, and leadership structure. If your employer does not offer such programs, speak with your human resources department about other options for acquiring education in leadership development.

**Learn to listen and listen to learn.** In order for someone to feel that they have been heard and acknowledged, we have to learn to listen. Listening requires us to stop what we are doing and grant someone the opportunity to talk without being interrupted. When we give a person our undivided attention, we also have the chance to observe body language and non-verbal cues, make eye contact, and give feedback. When the latter doesn’t take place, listening is not occurring. In the same respect, when we don’t listen, the opportunity to learn is diminished.

**If no formal mentorship programs are available in your organization, seek out a mentor.** When no formal program exists, seek out a person who has a good reputation for solid character and principles. Think about what you are looking for in a mentor and your goals for the future. This person should be someone who can serve as your role model, someone you can learn from and emulate. At some point in your leadership journey, you will need a sounding board, a mentor to go to with your questions. Consider somebody who is trustworthy and who will give you sound advice. Mentors are like guides; they can offer direction and instruction as you learn to navigate unfamiliar territory.

**Define your future goals.** Talking with your boss about your goals shows that you are willing to take responsibility for growing as a professional. If your boss knows about your desire to lead, this creates awareness that you are ready to do more. Together, you can talk about your specific interests and skills and how they align with departmental or organizational needs. If there are no in-house leadership positions available, he or she might have other ideas about how you can contribute your leadership skills to the organization. Also, your boss may identify strengths and weaknesses that you were not aware of, which provides an opportunity for further career development.

**Take on small projects outside of your department.** Taking on small projects or helping with initiatives outside of your department will give others a sense of what you will be like in a leadership role. It will also give you the experience of acting and thinking like a leader before you become one. Willingness to assume additional leadership responsibilities will set you apart from those who are not so willing. Regardless of the size of the opportunity, a “take charge” attitude is further proof that you aspire to leadership potential.

**Increase your visibility.** You’ve probably heard the expression “out of sight, out of mind.” If you want to be known as a leader, visibility is important. Increasing your visibility and exposure can put you in a position to be considered for future leadership roles over a person who is less well-known. Visibility provides an opportunity for you to be heard, seen, and observed by your peers. It allows for personal interaction that cannot be experienced over the phone or through email and gives you a chance to demonstrate your skills and abilities. Take the initiative to ask questions and speak up in work groups and committees. Be solution-oriented, not problem-oriented. Show your peers and colleagues who you are and what you’re about.

It’s never too early to start planning your leadership journey. Consider your personal and professional experiences and think about how you can expand on those experiences going forward. Leverage your strengths and be willing to learn new things. Volunteer and network to increase visibility and mentorship possibilities. Be your own advocate; express your desire to lead—be ready to lead.

Thank you for the opportunity to serve as your NCRA president. It has been a wonderful experience!
Content Outline: The domains of the 2015 CTR Exam were based on the Job Analysis survey conducted in 2012. The six content areas and breakdown for the 225-item examination were:

I. Data Collection
   - Open Book (45 items)
     - A. Case Finding
     - B. Abstracting / Coding
   - Closed Book (78 items)
     - A. Case Finding
     - B. Abstracting / Coding
     - C. Follow-up, Survivorship & Outcomes

II. Data Quality Assurance (23 items)
III. Analysis and Data Usage (27 items)
IV. Operations & Management (18 items)
V. Cancer Committee and Conference (23 items)
VI. Activities Unique to Centralized Registries (11 items)

Passing Score: The passing score for the 2015 exam was established at 68.8% using the Angoff Method. Candidates who correctly answered at or above this percentage were certified.

ADVANCE Articles Needed

HOLLY KULHAWICK, CTR | ADVANCE EAB LIAISON

The Advance Editorial Advisory Board (EAB) is the NCRA work group responsible for obtaining and submitting articles to ADVANCE for HIM Professionals online Registry Perspectives column.

We’re currently looking for authors to write about topics of interest to cancer registrars and HIM professionals. If you have a topic you feel has been overlooked by recent publications and/or that you think would be educational for ADVANCE readers, please let us know. Recent articles have discussed the ICD-10, automation of case finding, the 2015 IACR Conference, the 2015 NCRA Conference, leadership, and how cancer registry data can be used to improve public health. We’re always interested in hearing about how our fellow registrars are coping with new technologies and the changes requested by our standard setters. Examples of best practices within our profession are popular, too!

Feel free to email me at hkulhawick@renown.org with article ideas and to request submission guidelines. If you’re not up for writing an article but would like to see more information on certain topics, please send those requests along, too. I look forward to hearing from you!
Operational Challenge: MCR-ARC staff provides training for several large junior college Health Information Technology (HIT) programs; however, there are smaller programs in the state where MCR-ARC has not been able to work. It is important to reach these future “coders,” as many of these students are likely to be employed at low-volume facilities (75 or fewer cancer cases annually) after graduation and may be assigned to report cancer cases for their facilities. Teaching them the significance of cancer registration and how to perform case finding while they are students might improve their ability to report cases accurately in the future. It is hoped that some of these students might further explore the cancer registry profession and become Certified Tumor Registrars (CTRs) at some point.

Intervention: An individual, while working at a small Missouri hospital, became the director of a Health Information Management program at a small college in Missouri. As a result of her experience in reporting cancer cases to the MCR and her familiarity with the MCR-ARC website, NAACCR webinars, and the lack of available internship hours in rural areas, she chose to incorporate MCR’s resources into her program. Students are required to visit the MCR-ARC website and complete reading assignments, such as the example below:

Reading Assignment: Documentation for Health Records; Chapter 4: Documentation for Statistical Reporting and Public Health.

Web-Based Activity: Research the MCR-ARC website and summarize its purpose and types of data collected. What types of diseases are reportable to the Missouri state health department? How does HIPAA affect releasing data? Describe the HIM professional’s role in managing a registry. Summarize findings in a double-spaced, one- to two-page report.

Discussion Board: After reading about and researching the different registries and the types of data collected for each, how do you see the HIM professional’s role in the management and reporting of these data? How important is it to collect accurate data? Describe HIPAA’s role in releasing patient data to databanks and health registries. Describe three new facts that you learned about the content of the health record, primary/secondary users, and how the data is used at a local and national level.

In addition, the instructor is incorporating NAACCR webinars and MCR’s monthly Live Meeting trainings to fulfill part of students’ internship hours and practice neoplasm coding exercises. Throughout the courses, students talk extensively about the importance of coding accurately, not only for a hospital’s purposes, but also because the data are so valuable at the state and national level. The instructor also focuses on data outcomes and how the data may lead to development of new treatments. The students also review the low-volume facility manual and the process for reporting.

Operational Impact: While the majority of MCR-ARC’s cases are submitted by large hospitals, it is essential to collect data from smaller institutions as well in order to have a more complete database (> 95% of expected cases) and minimize or eliminate potential bias. Cases from low-volume facilities represent rural population areas and those with less access to healthcare resources. Coders well-trained in reporting cancer cases will increase the efficiency of staff at MCR; require less training by MCR staff; result in fewer missed cases; and improve the quality/quantity of MCR’s data.

Lessons Learned: The fact that an HIM director chose to utilize MCR-ARC resources to enhance her college’s program indicates the far-reaching benefits of having a useful website. As a result, MCR-ARC has built a lasting relationship with the school, so much so that it is evaluating doing a Fundamentals of Cancer Registry workshop for this program during the summer to further assist. MCR is also considering how it might reach out to more small programs around the state.

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 the data are then submitted to the National Program of Cancer Registries (NPCR). Administered by the CDC, NPCR collects data on cancer occurrence (including the type, extent, and location of the cancer) and the type of initial treatment. Today, through NPCR, CDC supports central cancer registries in 45 states, DC, Puerto Rico, and the US Pacific Island jurisdictions.

You can read more success stories and synopses of important data-driven projects happening across the US on the CDC website at www.cdc.gov/cancer/npcr/success/index.htm. If you work at a hospital registry and have a success story to share, please email it to Peggy Meehan at pmeehan@ncra-usa.org.
CHAMPS Oncology would like to acknowledge all of the cancer registrars who dedicate their lives to improving the quality of cancer care by working diligently to collect, analyze and report cancer data.

“We wholeheartedly believe cancer registrars are at The Heart of Improving Cancer Care. I feel proud and honored to have dedicated 35+ years of my career to raising the bar for the cancer registry profession and to be leading our talented team of CHAMPS cancer registrars to improving the quality of cancer care.”

- Toni Hare, RHIT, CTR, CoC-trained Consultant
  Vice President of CHAMPS Oncology

Are you interested in joining CHAMPS Oncology’s team of cancer registrars?
Learn more at NCRA’s Annual Conference (booth #1) or apply at champshealthcare.com/corporate/careers.
A Case for Cancer Registry Automation

HOLLY J. KULHAWICK, CTR | SUPERVISOR, CANCER REGISTRY, RENOWN™ HEALTH

Many cancer registries are short-staffed. Given this fact, it makes little sense to avoid automation, but an informal poll of CTRs at the 2015 NCRA Annual Educational Conference indicated that few registries are availing themselves of this technology. I heard a lot of interesting comments to the effect that automating case finding, now available from most software vendors, requires too much additional work in duplicate records.

Last fall, against sage advice, I automated case finding at my hospital. This involved meeting with our cancer registry software vendor and working with report writers on the hospital's IT staff. The goal included converting ICD-9 Disease Index files into a format that matched the NAACCR file layouts using a template provided by the hospital's cancer registry software company. The process took about a month because of the IT department’s competing priorities and involved changing field sizes and converting one of the race fields to match the software. The time and effort to create this new file have yielded significant positive outcomes for the registry. The first upload of 300+ cases (one week’s worth) took five minutes. Not only did the new file run all 300 cases past existing suspense and completed abstracts, it noted differences in the matching criteria and flagged the cases with inconsistencies.

During the first week of using the program, we discovered over 450 transposed social security numbers and about 25 transposed birth dates. We re-ran Deathmatch and expired over 200 patients. Correcting the transposed data was as easy as clicking and dragging the new information into the records, which are displayed side-by-side for review of uncertain matches. The program matches on 150 criteria and you can adjust how many cases must match before accepting the case as a new primary. The program also updates the Date of Last Contact field for all cases, which improves our follow-up capture.

If the ICD-9 codes (now ICD-10) are different, the case is added as a suspended new primary and is re-examined. I have taught the follow-up clerk to review these cases and he brings questionable cases to my attention so that we can review together. (He is training to become a CTR, so this provides a good opportunity to explain the “exceptions to the rule.”) The system puts the date the code was applied to the patient’s record as the Date of First Contact. While many of these cases are miscoded mets or outpatient coding that allows a primary care physician to code for rule-out when a patient no longer has active cancer, many have actually turned out to be new primaries. These cases all require further investigation but, if you’re running case finding correctly, this is the protocol whether the cases are found manually or via an automated process.

One of the most significant results of automating case finding has been the savings in staff time. The hospital has roughly 2,000 cases a year. Prior to automation, one or more registry staff spent approximately 80 hours a month investigating and adding new cases. This included time spent loading some of the demographics for the new suspense cases. When the cases were abstracted, an additional five minutes per case was required to load the remaining demographics. This would generally take about 15 minutes per abstract total to load all demographics. As a result, the hospital spent the equivalent of 0.5 FTEs performing ICD-9 Disease Index case finding for the year.

With automated case finding, the software loads up to 300 cases with demographics each week and completes the first part of the comparison to the existing cancer registry database. The program flags cases that require further attention and highlights human errors. Increased accuracy has proven to be a huge boon to the registry’s follow-up, improving our rate for these efforts significantly, along with decreasing staff hours as a result of the system updating the Dates of Last Contact automatically. These tasks normally take the follow-up clerk an additional 40 hours a month. We’ve calculated a savings of 120 hours per month for the hospital’s 2,000 cases. The system’s accuracy has reduced the time staff spent on quality assurance and the automation of demographics saves about 15 minutes per case for all 2,000, a savings of 10 hours a week.

Many complain that automating case finding produces too many suspense cases. Honestly, it does produce more of these cases than traditional manual methods, but if the registry is doing case finding correctly, you should be reviewing these cases anyway. Depending on the software, the hospital can set the case status to “Reviewed, Not Reportable,” allowing the database to recognize that the case is in the system and only adding a match if there has been a major change.

Using automation, we’ve found an amazing number of multiple primaries. I hadn’t realized that if a terminal patient develops a second distinct primary, the doctors here do only minimal documentation, since they do not plan to treat the patient. We have found several of these, as the coding team is quick to pick them up, but they do not receive any additional attention and are easy to miss. This is particularly true of hematopoietic cases. Our numbers for heme and benign brain cases have nearly quadrupled since we initiated automated case finding.

The registry is saving the equivalent of nearly one FTE per year. We have seen a huge improvement in follow-up numbers, which are now over 90% for both measures with minimal attention. When physicians want to know how many cancers of a specific type we saw last month, I can pull that data for them quickly. The tedious chore of running case finding lists past two separate systems is no longer required. It is actually fun to use the case review and filter through the matches it identifies—and this step provides an idea of how accurate the staff’s typing is as well. Data quality has never been so high—and isn’t that our goal?

I have a hard time swallowing the complaints I’ve heard regarding automation. The time has come to see what it can do for your registry. Set up that meeting with IT, ask your cancer registry software vendor for the specs, and get to it. You’ll be delighted by the results!
CoC Standards Resource Library Seeks Your Best Practices

ANN GRIFFIN, PHD, CTR | CoC LIAISON

I’d like to encourage NCRA members in facilities that have been surveyed for CoC re-accreditation in 2014 or 2015 to consider sharing the best practice documentation submitted for your survey application record (SAR) with the CoC Standards Resource Library. Especially helpful would be best practice examples for documenting Standards 4.7 (Studies of Quality) and 4.8 (Quality Improvements) under the chapter on Patient Outcomes, but any best practice example would be appreciated!

Alternatively, if you have NOT been surveyed since 2013 (like me), you may want to review your SAR again if you have not been uploading documentation annually into the Program Activity Record (PAR). There are FAQs sections provided within each standard. These FAQs provide valuable insights about what specifically constitutes compliance. You may think the way your facility documented compliance in the past will remain essentially the same in the future, but you might be surprised—documentation requirements are getting more specific and comprehensive over time.

Finance Committee Update

The Fiscal Year 2016 budget was approved by the NCRA Board of Directors at the winter meeting in February. It contained projected revenues of $2,243,211 and projected expenses of $2,236,680. The majority of our budgeted revenue comes from membership dues, publications and materials, annual educational conference fees, CE fees, and a CDC Cooperative Agreement. Budgeted expenses for this year include operations and administration, education, publications, and committee and task force work, in alignment with NCRA’s Strategic Management Plan.

Each year, an auditing firm reviews NCRA’s financials for completeness and accuracy. This year’s audit began February 16, with the outcome to be reported in April.

NCRA’s investments are managed by Black Rock Investment Management, LLC. As of December 31, 2015, our portfolio was allocated as follows: equities, 24%; cash and equivalents, 22%; and fixed income, 54%. Total market value as of December 31, 2015, was $408,193.

The NCRA Finance Committee works with the Executive Office staff to implement expense-reduction processes and will continue to identify opportunities to decrease expenses and increase revenue.

The NCRA Finance Committee works to ensure NCRA remains fiscally sound. Its responsibilities include monitoring income and expenses; recommending actions for budget variances; monitoring investment accounts; preparing the budget; and working with the NCRA Executive Office staff, auditing firms and legal representatives to meet the needs of the organization.

Each winter, NCRA volunteer leaders provide estimated expenses and revenue for their activities for the upcoming fiscal year. The NCRA Executive Office staff then develops a budget that’s reviewed by the Finance Committee and presented to the NCRA Board of Directors for approval at our winter meeting.
The Change Management Board (CMB), which comprises representation from all North American standard-setting organizations, is responsible for reviewing proposed changes, including but not limited to those that will be incorporated into the *NAACCR Volume II Data Dictionary*. The work group determines the feasibility of proposed changes and assesses their impact on the cancer surveillance community.

A number of changes are coming our way this year—so please be on the alert! Here are two:

- The addition of the prefix “c” or “p” in the AJCC T, N, and M staging. This allows a pathologic carcinoma in situ to be listed in the clinical fields and a clinical “M” to be listed in the pathological staging fields, enabling registrars to accurately document according to the AJCC staging manual.

- The addition of a Mets at Dx field for distant lymph nodes. The *NAACCR Data Dictionary* identifies new and revised items. Also, please check the latest edition of the FORDS and SEER manuals for specific instructions. It’s especially important to read the details and notes related to the fields you’re documenting.

Anyone can suggest a change or new data item, but the proposal must be endorsed by at least one of the North American standard-setting organizations. For more information about the change management process, visit the NAACCR website at [www.ncra-usa.org/naaccrchangerequest](http://www.ncra-usa.org/naaccrchangerequest).
As we begin the new year, I’d like to encourage you to be active in NCRA and your state association. As of January 2016, we have 4,889 members (new and renewals). We’ve had 111 CCRE subscriptions purchased by renewing members.

In 2015, NCRA launched a new member benefit—professional liability insurance. This benefit is especially important for CTRs who are independent contractors and, therefore, assume responsibility for errors. Professional liability insurance helps protect you against potential claims if your actions or omissions cause financial loss or interruption of services. We’re excited to offer this added benefit.

Upcoming Events:
• We’re still seeking members to submit a one-minute video testimonial, shot in a professional setting, stating what it means to be a member of NCRA and why it’s important to you. Written testimonials will also be accepted. Please submit to member@ncra-usa.org.
• We’re thinking about launching a Member Appreciation week. We’ll be sending out a survey to determine how you, as a member, would like to be recognized—for example, possibilities could include discounts and prizes. This event would be separate from National Cancer Registrars Week, as we want to celebrate you as a member of NCRA, and not just the career. Please participate in the survey—your feedback is important to us!

Reminders:
• Each issue of *The Connection* lists new CTRs and members. Please share any applicable names with your state association’s membership committee so they can reach out and invite them to your events. You’ll find contact information for most members in the NCRA directory.
• Let us help you promote your upcoming state and regional meetings. Send details to info@ncra-usa.org. Please include specifics (date, location, and contact information—i.e., your website or email).

“What is the recipe for successful achievement? To my mind there are just four essential ingredients: Choose a career you love, give it the best there is in you, seize your opportunities, and be a member of the team.” Benjamin Franklin Fairless
The Alternative Methods of Earning Continuing Education (CE) Credit Committee develops educational opportunities for registrars. We encourage NCRA members to suggest topics or anatomical sites you’re interested in learning more about. Once a topic is selected, the committee develops an online presentation or series and makes it available on the Center for Cancer Registry Education (CCRE) website, www.cancerregistryeducation.org.

The CCRE already features many Alternative Methods Committee projects, including free presentations on registry best practices. Look for these under the Resources tab. A free course, Building a Survivorship Care Plan, is available in the Online Courses section under the CE Opportunities tab. You can purchase the companion quiz for CE credits.

Beyond Cancer: Building a Survivorship Care Plan

In the United States, half of all men and one-third of all women will develop cancer in their lifetimes. Advances in the detection and treatment of cancer, combined with an aging population, mean greater numbers of cancer survivors in the near future. Despite the increase in survivors, however, primary care physicians and other health care providers often are not extremely familiar with the consequences of cancer, and seldom receive explicit guidance from oncologists. Furthermore, the lack of clear evidence for what constitutes best practices in caring for patients with a history of cancer contributes to wide variation in care. To speak to this need the Commission on Cancer has developed three new Cancer Program Standards that are being implemented beginning in 2015:

- Standard 3.1: Patient Navigation
- Standard 3.2: Psychosocial Distress Screening
- Standard 3.3: Survivorship Care Plan

This course will provide cancer registrars with the knowledge and skills to help facilitate the development of a Survivorship Care Plan to ensure the facility delivers high quality patient-centered care.

To claim two CE credits for completing this course, the quiz must be purchased separately and passed with a 70% or higher score. To purchase the quiz go to www.cancerregistryeducation.org/online-courses.

Member: Free
Non-Member: $25.00

Have an idea for an education topic? Please send your suggestions to dclark@saintfrancis.com.
Get Ready for the Transition!

NCRA’s Latest Publication Provides Registrars the Opportunity to Practice Assigning AJCC TNM Stage and Coding SEER Summary Stage.

Go to www.ncra-usa.org/casestudies to order!
Trauma Registries Call for Papers

VONETTA L. WILLIAMS, PHD, MPH, CTR | EDITOR-IN-CHIEF, JRM

Journal of Registry Management, the official journal of the National Cancer Registrars Association, announces a call for original manuscripts for a fall 2016 Special Focus on TRAUMA REGISTRIES. Invited papers should cover a broad range of topics related to trauma registry management, including the collection, quality review, reporting, and use of trauma registry data. We encourage authors to report on the special challenges associated with the collection and management of data; the development and operation of trauma registries; and the benefits to patients, care institutions, and research that result from hospital-based trauma registries. We invite practitioners, researchers, registrars, and others to submit manuscripts on these topics and on results of original research studies using registry data.

Manuscripts for this issue will be accepted through June 1, 2016. You can submit your article to Guest Editor: Michelle Pumphrey, MLT, RN, CSTR, President, Pumphrey Consulting Michelle.Pumphrey@PumphreyConsulting.com and cc: JRMEditor@ncra-usa.org with the subject line: JRM Trauma Registry Article. If you have questions, please call Michelle at (540) 448-2770.

You'll find manuscript submission requirements in the Information for Authors section on the inside back cover of each Journal and on NCRA’s website at www.ncra-usa.org/jrm. All papers will be subject to peer reviews.
Amid Abu Hmaidan  Doha, Qatar
Lori Allgood  North Little Rock, AR
Jennifer Arriola  El Paso, TX
Monica Arvizu  DeLand, FL
Jennifer Bader  Saginaw, MI
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Karlene Bishop  Schuylerville, NY
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Amy Cipolla  Ballston Spa, NY
Colleen M Condron  Fort Wayne, IN
Patricia Congdon  Sayre, PA
Rosemary T Crawford  Waterford, CT
Carlene Cunningham  Royal Palm Beach, FL
Kelly Diabagate  St. Louis, MO
Joan Dudzinski  Cumming, GA
Sandra Dulske  Boiling Springs, SC
Martin M Duran  Wilmington, NC
Pamela E Escuza  Henryville, PA
Diane L Fawley  Groveland, FL
Michelle Fleming  Modesto, CA
Shannon L Freese  Sioux Falls, SD
Marissa Friman  Houston, TX
Mary F Garcia  Paris, TX
Donna Gibson  Largo, FL
Suzette Goffney  Alexandria, VA
Elizabeth M Gonzales  Coral Springs, FL
Syrrona S Goode  Lakeland, FL
Evelyn Gorman  Clarkston, MI
Holly Griffith  North Jackson, OH
Justine Grosick  Fayetteville, NY
Kuki Haines  Clayton, NC
Pamela Hall  Livingston, MT
Jennifer Hamblock  Lawrence, MA
Thora Healy  Spokane, WA
Tracey L Henning  Knoxville, TN
Laura A Henry  Baytown, TX
Tiffany R Herrera  St. Paul, MN
Mona Highsmith  Rancho Mirage, CA
Amanda Hill  San Angelo, TX
Sandy L Hobson  Honolulu, HI
Gina P Holdorff  Waterford, MI
Katie Hubbell  Henrico, VA
Kimberly Hughes  Elwood, KS
Julia B Huppert  Danville, VA
Kristy Hurst  Shippensburg, PA
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