Are you a fan of mysteries? I have a hunch that many CTRs are mystery readers. After all, our profession makes us Watsons, and some of us aspire to be Sherlocks. We put our best sleuthing skills to work when we perform case finding and abstracting. Who hasn’t experienced that case that won’t go away until the nagging mystery is solved, the missing link is found, or a piece that doesn’t quite fit is adjusted? Of course, registry mysteries start with case finding and, as any mystery reader knows, the solution often lies in the first details to be uncovered.

With this in mind, the Informatics Committee created the Case Finding Tool Kit. We acknowledge that it’s a primary step culminating in a well-crafted abstract. The tool kit can be found on the NCRA website at www.ncra-usa.org/casefindingtoolkit.

The goals of the tool kit are to:
- provide clinical interns and new CTRs with an overview of paper and electronic case finding, as found in most facilities;
- help teams consider current best practices in paper and electronic case finding;
- remind seasoned registrars of available resources;
- highlight the planning needed in a case-finding process; and
- challenge all registrars to consider case finding and its modifications as a project to be continually improved.

To enable users to better visualize the case-finding process, the committee used the Prezi format. As you click on the Prezi circles, other information and concepts are revealed in adjoining circles. The tool kit considers both paper and electronic case-finding practices, with individual resources listed by category to help create a punch list for registries.

Unique to the tool kit is a flowchart of an electronic process that was created by a committee member for her large teaching facility by taking into consideration the inputs and outputs of their process. It can be modified to suit most facilities, and many will see all or part of their own available processes within the flowchart. The Informatics Committee believes it’s the first flowchart presented for use as a resource to analyze electronic case finding for both newer and seasoned registrars alike. We are grateful to our committee member for sharing it with all of us.

The back end of the tool kit further explores the case-finding process by introducing concepts of project management and continuous process improvement. Many registrars may not have considered the importance of thinking about changes to established case-finding processes as a project to be managed or one that needs to be part of a continuous process improvement cycle in the registry. By reframing case finding in this way, the Informatics Committee is attempting to highlight the importance and consideration of it as more than just an activity, but as a function deserving resource allocation.

Often, good cancer informatics is mistakenly seen as the outcome of technology alone. But this is a misconception. The committee, through its work, always attempts to balance the Four Pillars of Informatics, as defined by NCRA: technology, biology, social aspects, and information theory. Case finding touches on all of these pillars and integrates them at the start of the abstraction process. We are pleased to offer the NCRA Case Finding Tool Kit to help members educate or re-educate themselves on the possibilities of the process. We hope to make your sleuthing easier and more efficient and kick you up from a Watson to a Sherlock!
Editor’s Note

It seems like most of the country has had some extremely hot weather lately; I hope you have found relief from the uncomfortable conditions!

Speaking of hot, we have some sizzling articles for you in this summer issue of The Connection.

Let’s start with the ‘Mysteries in The Registry’ on the first page. I think we can all understand and identify with the findings. Take time to explore a solution offered by NCRA.

Check out page 5 to learn of the latest programs available to assist in training for the CTR exam.

The Commission on Cancer news on page 6 helps the CoC accredited programs understand trouble spots, new study requirements and surveillance measures; perhaps this article will provide just what your cancer program needs.

Remember that NCRA has a Facebook group that offers useful information. Take time to check it out. Read more on page 7.

There are many photos of the last Annual Conference; looks like everyone was having fun!

I find myself getting so excited when I learn we have new CTRs; another 66 joins our profession! What a wonderful choice.

Do you sometimes feel there is a missing piece in your life? How about filling the void by becoming an active and important part of NCRA. There are multiple positions to be had which might just give you the adventure and personal satisfaction you are looking for, check out page 14 to learn more on volunteering opportunities.

Get your ice-cold beverage, find a cool and comfy spot and pull up or print out this issue of The Connection to get engulfed in the fascinating articles from our amazing authors. We are so fortunate to have such dedication.

Stay cool,

Sherry Giberti, CTR
Editor, The Connection

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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.
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 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:
September 15, 2017 (fall issue)
November 17, 2017 (winter issue)
President’s Message

“...I hope to inspire and encourage my colleagues to become active and share their knowledge during my term.”

BARBARA J. DEARMON, BS, CTR | PRESIDENT, NCRA

Hello fellow cancer registrars! I’m honored to have the opportunity to serve as your NCRA president for the coming year. I would like to introduce myself and tell you a little about my cancer registry background.

I entered the field before computerization and have seen great strides over the last 20-plus years. I can remember when data collection was captured on a single page of carbon copy paper and text documentation was required. Follow up was performed manually, and registries maintained a tickler file for reviewing pathology reports and the disease index for reportability. Registrars referenced Registry Operations and Data Standards (ROADS) to capture required core data items; this, of course, has been replaced by FORDS. Today’s computerized and automated methods allow healthcare organizations to focus on patient-centered care and monitor evidence-based guidelines and clinical outcomes more effectively.

I began my career as a follow-up clerk in a hospital-based registry at Bayfront Medical Center in St. Petersburg, Florida, in 1986. I was enthusiastic about the cancer registry profession and quickly learned how to review cases for reportability and abstract according to Florida Cancer Data System (FCDS) and CoC rules. I participated in educational seminars offered by the Florida Cancer Registrars Association (FCRA) and the CoC. On-the-job training and the SEER Self-Instructional Manuals prepared me to earn my CTR credentials in 1990. I earned a bachelor’s of science in healthcare services from the University of Phoenix, Florida. My roles have been diverse in cancer registry operations and management. Currently, I’m the manager of Oncology Support Services with Ascension St. Vincent’s HealthCare in Jacksonville. I’ve been an active member of NCRA and FCRA since 1990, serving as a member of NCRA’s Council on Certification and as chair of the Special Interest Groups (SIG) Hospital Forum. I also volunteered as NCRA’s AHIMA Education Content Coordinator, which provided me the opportunity to work with future CTRs. I have served FCRA in many capacities, including program chair for its annual conference and chair of the Fundraising Committee. Today, I serve on St. John’s River State College HIT Advisory Board in St. Augustine, representing the cancer registry profession.

I began my NCRA presidential term helping to educate Congress about the importance of cancer registration during this year’s Walk on the Hill event at the NCRA conference. During this event, attendees met with their state representatives to advocate for the cancer registry profession and asked officials to adequately fund CDC, NIH, and NCI cancer programs, including cancer registries. We were able to offer diverse perspectives from a wide array of healthcare facilities and illustrate how cancer registrars improve lives through quality data management.

During my term, I will focus on promoting advocacy in cancer registration, be a strong voice for cancer registrars, and engage with other associations representing the cancer registry profession locally and nationally. The quality data collected by registries supports legislative initiatives in the fight against cancer to find better cures, improve prevention and detection programs, and supports cancer research. Participation in Rapid Quality Reporting System by accredited programs will enhance access to real-time data.

I believe this is my calling where I can make a difference in other people’s lives. I look forward to representing NCRA, carrying out my presidential charges, and supporting NCRA’s Strategic Management Plan. I will uphold NCRA’s mission to promote education, credentialing, and advocacy for cancer registry professionals. I hope to inspire and encourage my colleagues to become active and share their knowledge during my term.

Barbara Dearmen
NPCR Program: Alaska Cancer Registry

**Initiative:** NPCR Program: Alaska Cancer Registry

**Public Health Problem:** The Alaska Cancer Registry (ACR) worked with CDC’s Agency for Toxic Substances and Disease Registry (ATSDR) to conduct a cancer study of St. Lawrence Island, Alaska. The Native Alaskan communities on the island—Gambell and Savoonga—were concerned that pollution from the Cold-War era military facilities on the island were contaminating the food supply and causing large increases in certain illnesses, especially cancer.

**Use of Surveillance:** ACR reviewed its database for all reportable cancer-incidence cases from Gambell and Savoonga from 1996 to 2011. It then calculated the expected number of cases for these communities over the same time period using the “indirect age-adjustment method” with the U.S. Census populations for 2000 and 2010. The expected number of cases was 68 and the observed number of cases was 70. Using the “standard incidence ratio,” this difference was determined not to be statistically significant. The types of incidence and mortality cases were also reviewed. ACR determined that the types of cases in the numbers that they occurred were not unusual for the population.

**Collaboration:** ATSDR asked the ACR to conduct this cancer study. ATSDR has been working with the leaders of both communities on the island. After publishing the study results, ATSDR held a teleconference that included St. Lawrence Island community leaders and ACR staff. ACR presented the results of the study.

**Public Health Outcome:** Although there was no public health outcome per se from this study, the teleconference audience learned that there was no scientific evidence to support the community’s perception that they are experiencing high rates of cancer.

**Lessons Learned:** ACR learned that public perception is very difficult to change. Community members had been working with the federal government for decades to remove the military facilities on the island, a task that was completed in 2003, and to clean up the related pollution. Residents believed that the pollution had been causing many healthcare problems in their communities for decades. Even when scientific data is presented that illustrates there are no elevated cancer rates, the community members questioned the validity and completeness of the cancer surveillance data maintained by ACR and of the cancer mortality data maintained by the Alaska Bureau of Vital Statistics.

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.
Meet NCRA’s Newest President-Elect

JANET REYNOLDS, BA, CTR | NCRA PRESIDENT-ELECT/SECRETARY

My term as President-Elect/Secretary began in April, and I’m grateful for this opportunity to serve our association for the next three years on the NCRA Board of Directors.

For those I haven’t met, I’m the Cancer Registry Director for the North Texas Division of HCA. This is a relatively new role for me after 20-plus years at Baylor in Dallas, where I was responsible for all accreditation-related activities. I also abstracted on the side, so I’ve done almost everything in the registry. One of the most valuable lessons I learned over the years is “There is always more to learn.” (The others are “Use your manuals.” and “Appear calm even when you’re in a panic.”)

As change has become the norm for our profession, it is inspiring to see our members rise to the occasion time and again—adapting, learning, and developing expertise in preparation for the next challenge. We should feel proud, because our work makes a difference by contributing to improvements in public health.

I look forward to working with you as we face our next set of challenges.

NCRA Announces Latest Accredited Programs and Practicum Partners

SHARMEN DYE, CTR | NCRA BOARD DIRECTOR FOR PROFESSIONAL DEVELOPMENT

Data suggests that the number of cancer registries has increased dramatically since the Cancer Registries Amendment Act was passed in 1992. What this means for our community and our employers is that more cancer registrars are needed.

More medical transcriptionists and coders are becoming interested in the cancer registry field and are looking to NCRA’s accredited formal education programs for training. NCRA and the NCRA Formal Education Committee actively work to recruit new cancer registry management programs to become accredited. To earn and maintain NCRA accreditation, a program must adhere to curriculum and policy standards that ensure students receive comprehensive training in all facets of the cancer registry and, upon successful completion, fulfill the requirements to apply for the CTR exam. The newest programs to become NCRA-accredited include:

- Southwest Wisconsin Technical College: Associate degree in cancer information management (CIM)
- Rochester Community and Technical College: Associate degree in applied science/cancer registry management and a cancer registry management certificate program
- Cuyahoga Community College: post-degree cancer registrar certificate program

As the number of students preparing for the CTR exam increases, more affiliated partners are needed for the important 160-hour clinical practicum experience. The newest partners who will accept cancer registry students for practicum activities include Cheyenne Regional Medical Center, Cheyenne, Wyoming; Lakeland Regional Health Systems, Lakeland, Florida; Northside Hospital, Atlanta, Georgia; and University of California, San Francisco.

If you know of a program that might be a good candidate for NCRA accreditation, please email the Formal Education Committee. Committee members will be happy to reach out to the program to discuss the details.
Greetings, my fellow registrars! Here are some news items relevant to CoC-accredited facilities:

1. Be on the lookout for the next incarnation of the FORDS manual. The end product of the FORDS Revision Project will be released in 2018. The revised manual has been christened the STORE manual, short for “Standards for Oncology Registry Entry.” Release of the new manual will coincide with the introduction of several new data items in Radiation Treatment, Sentinel Node Biopsy, and Follow Up.

2. CoC-accredited programs are working on a 2017 study targeting prostate cancer surveillance. Participating hospitals receive credit toward Standard 5.7. The deadline to submit eligible cases is August 28, 2017.

3. The CoC is looking for volunteers to collect data for the pilot phase of the 2018 DCIS Clinical Trial in Oncology Comparison of Operative to Monitoring and Endocrine Therapy (COMET) Study. If your facility would like to participate, please contact NCDB staff at specialstudy@facs.org.

4. Several Survey Application Record (SAR) trouble spots have been identified. Facilities are struggling the most with deficiencies in the following CoC standards:
   a. 1.3 (Cancer Committee Attendance)
   b. 1.5 (Program Goals)
   c. 1.8 (Monitoring Prevention, Screening, and Outreach Activities)
   d. 4.7 & 4.8 (Studies of Quality/Quality Improvements)

If your facility has struggled in the past or is currently struggling with any of these standards, please consider taking a refresher read through the SAR FAQs to make sure you are aware of current expectations. If you are managing performance on these standards (or any others) really well, please consider submitting your best practices policies and/or procedures to help other registrars benefit from your success.

5. There are three new CP3R measures:

   **Bladder Surveillance Measures**
   - Neo-adjuvant or adjuvant chemotherapy offered or administered for patients with muscle invasive cancer undergoing radical cystectomy (BLCT)
   - Radical or partial cystectomy or tri-modality therapy (local tumor destruction/excision with chemotherapy and radiation) for clinical T234N0M0 patients, first treatment within 90 days of diagnosis (BLCSRI)

   **Kidney Surveillance Measure**
   - Pediatric measure: At least one regional lymph node is removed and pathologically examined for primarily resected unilateral nephroblastoma (PD1RLN)

The purpose of surveillance measures is to identify the status quo as well as monitor patterns and trends of cancer care to guide decision making and resource allocation. PLEASE NOTE: The CoC does not assess estimated performance rates for surveillance measures.

Find out more about these topics at www.facs.org/quality-programs/cancer.
Networking: The Key to Professional and Personal Development

CHARLOTTE TERBOT, CTR
MEMBERSHIP COMMITTEE CHAIR

EBONY JOHNSON, CTR
MEMBERSHIP COMMITTEE MEMBER

Oftentimes registrars (certified and non-certified) ask, “How would I benefit from becoming a member of NCRA?” This typically leads to an exciting conversation about conference networking, educational opportunities, and discounts. Recently, though, we learned that the NCRA Facebook group is a members-only benefit, as well. If you are not in this group because you aren’t a member of NCRA, you’re missing out! Let us tell you why.

Facebook and other social media platforms have changed the way people maneuver in the world. They give us direct and instant access to people, ideas, and knowledge that 10 years ago would have taken days or weeks or months to attain. This is the age of “now,” and Facebook is the platform most frequently used by people to access what they want to know, when they want to know it. We have been members of the NCRA Facebook group for a while now and access it almost every day.

This group is like being at the NCRA Annual Educational Conference 24 hours a day because registrars from all over the country are conversing and networking, and teaching and learning from one another. They post jobs, ask for opinions on coding scenarios, and share articles about the future of our data and cancer informatics. Students ask how best to prepare for the CTR exam; registrars solicit advice about preparing their SAR and then seek good luck wishes on survey day. Do you have a question about how to create a survivorship care plan or how to get reports in C-Next? You can ask those questions here and get instant answers from your colleagues.

Additionally, NCRA posts announcements about the national meetings, calls for nominations, calls to vote, and other organizational topics. The page is monitored to accept only paid NCRA members and ensure all posts are professional and registry-related, so you don’t have to worry about reading spam. As professionals, we cannot ask for a better way to enhance ourselves and our careers than to self-immerses in an environment consisting of so many other professionals in the field who are willing to talk, share, and network!

Currently the Facebook group has 2,364 members. That’s 2,364 registry professionals whose knowledge you would have at your fingertips if you became a member yourself. If you are a paid NCRA member but not in the Facebook group, we highly recommend that you not leave this valuable benefit on the table. It is included in your membership. If you are not an NCRA member, we recommend that you consider joining, even if for only this benefit. It’s worth every penny!
Congratulations to all the winners honored at the 2017 NCRA Annual Educational Conference in Washington, D.C.

**Outstanding New Professional Award**  
Jocelyn Hoopes, MLIS, CTR

**Elekta Award for *Journal of Registry Management*: Best Paper of the Year 2016**  
“SEER*Educate: Use of Abstracting Quality Index Scores to Monitor Improvement of All Employees,”  
Summer 2016, 43(2): 54-62.  
Authors: Mary S. Potts, RHIA, CPA, CTR; Tim Scott, M.Ed.; and Jennifer L. Hafterson, CTR

**Educational Achievement Award**  
Donna M. Gress, RHIT, CTR

**Elekta Award for *Journal of Registry Management*: Best Paper of the Year 2016, Honorable Mention**  
“Timeliness of Breast Cancer Treatment in Delaware,”  
Authors: Stephanie H. Belinske, MPH; James Spellman, MD; Lisa Henry, MS; and Marjorie Shannon, MS
The Education Foundation would like to thank everyone for their support of the NCRA State Basket Raffle during this year's annual conference. Whether you donated a basket or bought tickets, thank you!

This year's raffle was once again a great success. Thirty-five baskets were donated. Total ticket revenue was $4,883, an increase of more than $500 from last year. The number of tickets sold speaks to the amazing quality of the baskets.

Half of the ticket revenue is donated to the Education Foundation, and the remaining 50% is evenly distributed between participating state associations.

Even though the basket raffle was successful, the event was just not the same as previous years. This was the first year of many that Joyce and Dave Jones were not the mistress and master of ceremonies. They were truly missed by all!

Here is a list of the winners:

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<td>NCRA Education Foundation</td>
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The Future of Auto Populating the Cancer Registry Database

Thora Conrad, BS, CPMSM, CPCS, CTR
Recipient of the 2017 Danielle Chufar Annual Conference Memorial Scholarship

NCRA’s Danielle Chufar Memorial Annual Conference Scholarship was named in memory of the NCRA staff member who passed away in February 2004 from cancer. Danielle was a new RHIT professional who was preparing to take her CTR exam. NCRA’s Governance Planning and Evaluation Committee (GPEC) determines the essay theme each year and evaluates submissions. The 2017 theme was The Future of Auto Populating the Cancer Registry Database, and How It Will Affect the Cancer Registry Profession: Outline the Advantages and Disadvantages.

The recipient of the 2017 scholarship was Thora Conrad, BS, CPMSM, CPCS, CTR. Her essay is below.

Details on the 2018 scholarship, including the essay theme and application, will be available in fall 2017 on the NCRA website, www.ncra-usa.org.

During the first week of my new job in the cancer registry, I was told “There will be no cancer registrars in 10 years.” The comment was in reference to cancer registry data automation. Needless to say, the comment gave me an uneasy feeling. Now, I have a much better understanding that, while cancer coding and data abstraction are of the utmost importance, they are far from the only responsibilities of the department. So much goes into a successful cancer registry department. Most important, there is a need for educated, trained, and certified cancer registrars, even with data automation.

Auto population of the cancer registry database is already happening with case finding functions, such as electronic pathology reports and disease index report import functions. Sophisticated and comprehensive edit validation sets essentially assist abstractors to ensure valid data entry. With all that the cancer registry department is responsible for, increased functionality of software will only assist in making the cancer registry department more efficient.

The key advantages and disadvantages for auto population of the cancer registry include:

**Advantages**

- Time to focus on cancer program initiatives, which ultimately benefit the patient. Patient impact is the reason many of us got into the cancer registry field. Participating in screening and preventions or other community outreach is very rewarding and highlights the talents of the cancer registrar.
- Time to educate and train members of the healthcare team. Cancer registrars are viewed as the experts in their field. Cancer registrars will have an opportunity to provide comprehensive education and training to physicians and staff.
- Time for increased quality assurance. Sometimes it feels like 100% of our time could be spent on quality review, but there is always room for improved documentation.

This applies not only to coded and abstracted data, but to other required elements, such as accreditation standards.

**Disadvantages:**

- There will be glitches and it will take time to implement. There is no such thing as a perfect software system. Like any new software implementation, it will take time to be up and running effectively.
- Less staff may be needed. While auto population software may lend itself to reduced FTEs, it will give more opportunities for employees to learn new skills and grow professionally.

Similar to database auto population, computer-assisted coding (CAC) is a tool implemented in hospital health information coding departments. CAC uses software to analyze healthcare documents and provide appropriate coding and abstracting. What is being realized is that it does not replace competent coders or solid documentation, but rather it assists with keeping up with productivity that was necessary with the implementation of ICD 10.

Like CAC, auto population and abstract automation should be embraced as tools that will help increase productivity. More importantly, it will enhance documentation practices, provide educational and training opportunities, and allow more time for important cancer registry functions. Auto population of the cancer registry database will impact the cancer registry profession. It will only help today’s cancer registrars be even more effective and valuable to their organizations. The cancer registry is a valuable department. With more automation, it can further streamline its processes and focus its efforts to fit the needs of the ever-changing healthcare organization.

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Scenes From the 2017 Annual Conference

NCRA members gather as they made their way up to Capitol Hills to advocate for the cancer registry profession to their state representatives.

Attendees eagerly participate in the Education Foundation State Basket Program.

The ceremoniously ribbon cutting (pictured left to right, Sara Biese, Linda Mulvihill, Mary Lewis, and Linda Corrigan) to open the exhibit hall.

Keynote speaker, Lawrence Shulman, MD, Chair, Commission on Cancer addressed the role registrars play in improving the quality of cancer care.
New CTRs

The spring CTR exam was taken by candidates at testing centers during the February 11–March 1, 2017 testing window. Sixty six (66) candidates passed the exam and formally became Certified Tumor Registrars. NCRA’s Council on Certification proudly congratulates all new CTRs!

Alabama
Latasha Davis, Mobile
Arkansas
Antoinette Cato, Fort Smith
Naomi Morrill, Hot Springs
California
Mary Campbell, Anaheim
Kristi Cooper, Irvine
Catherine Cruz, Orange
Danielle Mapanao, Escondido
Janine Smith, Camarillo
Sara Sutter, Elk Grove
Connecticut
Sarah Almodovar, Stratford
Florida
Colton Brown, Jacksonville
Jeanne Davis, Jacksonville
Megan Hoffmann, Temple
Joyce Jones Piv, Tampa
Angela Straughn, Pensacola
Georgia
Cayla Eller, Brookhaven
Traci McLaughlin, Newnan
Hawaii
Gina-Patricia Holdorff, Honolulu
Illinois
Michael Childers, Deerfield
Jennifer Neville, Normal
Denise Sotelo, Chicago
Indiana
Heather Graham, Camby
Samatha Kunz, Indianapolis
Kansas
Lisa Smith, Lawrence
Kentucky
Carolyn Miller, Robinson Creek
Louisiana
Crystal Morice, Gonzales
Adrienne Smith, Blanks
Maryland
Mohammed Ahmed, Owings Mills
Jennifer Brown, Silver Spring
Fana Gebremedhin, Owings Mills
Jane Howard, Gaithersburg
Michigan
Samantha Armstrong, Sterling Heights
Katie Hubbell, Waterford
Minnesota
Sandi Kolby, St. Paul
Missouri
Antonio Rowles, Kansas City
Sandra Thrasher, Aurora
New Hampshire
Valeria Celaya, Hanover
New Jersey
Brian Cahill, Ewing
New Mexico
Gale Craft, Albuquerque
New York
Tracy Hurley, Grand Island
Elizabeth Hynes, Mamaroneck
Laura Sosa, New Hyde Park
North Carolina
Marlene Kelly, Durham
Tammie Miller, Hickory
Nigar Salahuddin, Raleigh
Ohio
Rebecca Bowen, Dayton
Oregon
Ron Lamie, Springfield
Pennsylvania
Karen Leigh Bradshaw, Carlisle
Tammy McKenzie, Glenco
Tennessee
Laura Rittler, Knoxville
Texas
Mariana Prevatt, Austin
Utah
Hanna Baerveldt, Midvale
Vermont
Glenn Gammon, Conaan
Victoria Garrison, Shelburne
Donna Hoover, Winooski
Lori MacLaughlin, Milton
Jill Meunier, St. Albans
Kathleen Nagar, Randolph
Virginia
Iva Jackson, Fishersville
Marvinette Palmer, New Canton
Mary Beth Seemueller, Virginia Beach
Washington
Kelley Holzer, Edmonds
Wisconsin
Amy Cote, Burlington
Call for Abstracts for NCRA 2018 Now Open!

Share your expertise with the cancer registrar community at NCRA’s 44th Annual Educational Conference (NCRA 2018), to be held May 20–23, 2018, at the Sheraton New Orleans. Oral and poster abstracts will be accepted through the 2018 NCRA Online Collection System through September 8, 2017. All submissions will be acknowledged and reviewed by the 2018 Program Committee. Authors of selected abstracts will be notified by October 9, 2017. Learn more and submit at www.ncra-usa.org/conference.

Connect with NCRA through Social Media

Network with colleagues and keep up-to-date on NCRA news and events on social media.

Please review NCRA’s Privacy Policy and Website/Social Media Guidelines at www.ncra-usa.org/SocialMedia.

NCRA’s Social Media Platforms

Facebook
- Like NCRA’s Facebook Page at www.ncra-usa.org/FB
- Join NCRA’s Facebook Member Group at www.ncra-usa.org/FBMemberGroup

LinkedIn
- Follow NCRA on LinkedIn at www.ncra-usa.org/LinkedIn
- Join the LinkedIn Member Group at www.ncra-usa.org/LinkedInGroup

Twitter
- Follow NCRA on Twitter at www.twitter.com/NCRAnews

NCRA is Your Resource for CTR Exam Prep

www.ncra-usa.org/CTRPrep

Study Guide for the CTR Exam 2017 Edition

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

JANUARY 2017
Make a Difference—Run for an Elected NCRA Position!

TINA A. GROGAN, CTR | NOMINATING COMMITTEE CHAIR

As the cancer registry profession continues to grow and change, the number of challenges, opportunities, and projects is increasing, as well. This is definitely a great time to become involved in NCRA as an elected officer. The Nominating Committee will soon begin its annual recruiting for member nominations for the 2018 NCRA ballot—so freshen up your resume and think about volunteering!

The Board of Director positions open for nominations for 2017-2018 are:

- President-Elect/Secretary (one-year term with roll up to President and then Immediate Past President, another one-year term)
- Treasurer Junior (one-year term with roll up to Treasurer Senior)
- Public Relations Board Director (two-year term)
- Professional Development Board Director (two-year term)

Prospective candidates for Board of Director positions should view the PowerPoint presentations available on the NCRA website at www.ncra-usa.org/BoDPresentations about what it means to serve as a Board member. The presentations describe each position and details the duties and time involved.

Other open elected offices include:

- Council on Certification Representatives (four positions, each having a two-year term)
- Nominating Committee Members—East, Midwest and West Regions (two positions, each having a one-year term)

Please consider running for one of these offices! If you are unable to serve NCRA this coming year, please considering nominating another member with great leadership skills (with her/his permission) for an office. Either way, you will enjoy a feeling of accomplishment knowing you are serving NCRA—and yourself.

Visit www.ncra-usa.org/nominations for position descriptions and 2017-2018 online submission forms.

2017 Election Results

TINA A. GROGAN, CTR, AS | NOMINATING COMMITTEE CHAIR

The Nominating Committee is pleased to announce the results of the 2017-2018 Board Directors, Council on Certification, and Nominating Committee elections. Congratulations to NCRA’s newly elected leaders!

President-Elect/Secretary
Janet Reynolds, CTR

Treasurer Junior
Misty Sonnenberg, BBA, CTR

Education Board Director
Cheryl Sheridan, CTR, RHIT

Recruitment & Retention Board Director
Nadine R. Walker, CTR

Advocacy & Technical Practice Board Director—East Region
Vanessa Stinson, CTR, AS

Advocacy & Technical Practice Board Director—Midwest Region
Maria Teresa J. Ramirez, BS, CTR

Advocacy & Technical Practice Board Director—West Region
Kelli Aimar, CTR

Council on Certification Representatives
Amy Waits, BS, CTR
Vicki Hawhee, M.Ed., CTR
Deborah Custer, CTR
Shannon Hart, CTR

Nominating Committee Positions
East Region
Ruth M. Clewell, CTR, RHIT, BS
Anne Auguste, CTR

Midwest Region
Lisa Landvogt, BS, CTR
Kathy Wright, CTR

West Region
Martha Curl, CTR
Stephanie Strauss, CTR
Become a Published Journal Author

VONETTA L. WILLIAMS, PhD, MPH, CTR | EDITOR-IN-CHIEF, JOURNAL OF REGISTRY MANAGEMENT

Have you thought about writing an article or manuscript for the Journal of Registry Management (JRM)? Do you have a quality control/assurance metric, a lesson learned from a Cancer Registry management perspective, a process you have successfully implemented with your team, or a study that you or a team member conducted that you would like to share? Do you have information to share regarding the sunset of Collaborative Staging, the transition to AJCC TNM Staging, or the sunrise of ICD-10? The JRM Editor-in-Board is available to work with you as a potential new author to help turn your presentations and other research papers into manuscripts for publication consideration.

Topic: A research article should deal with one topic, and only one, fairly narrow issue, presenting your arguments and conclusions as succinctly as possible. We are especially interested in manuscripts focusing on the following topics:

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

For more information on how to become a published author and the steps for writing a manuscript, visit www.ncra-usa.org/JRMAuthor or send an email to jrmeditor@ncra-usa.org.

Updated Cancer Protocols and Other CAP News

CHRISTINE GIBSON, CTR, CCRP | NCRA LIAISON TO CAP

Following are updates from the June 24 meeting of the College of American Pathologists (CAP) Cancer Committee in Chicago.

Fifty-two cancer protocols have been revised to align with the AJCC Eighth Edition. The revisions are available on the CAP website, www.cap.org. The protocols are classified by site; you’ll find both the new and older versions online. These protocols continue to be excellent tools for physicians and other care providers, pathologists, and cancer registrars.

The CAP Cancer Committee is also creating an internal, single-source database to produce both the CAP Cancer Protocols and electronic Cancer Checklists (eCCs). The CAP eCCs are electronic versions of the protocols that can be used within the pathologist Laboratory Information System workflow to create cancer reports and to store, analyze, and send data.

Expert pathologists are available to answer your cancer questions—including any you may have about the revised protocols—on the CoC’s CAnswer Forum, cancerbulletin.facs.org/forums. All questions are answered in a timely manner. You can also search previous responses to see if your issue has already been discussed.

The CAP is working to address changes in the World Health Organization’s hematologic diseases “Blue Book” due out in 2018. An outline of these updates has been released in the journal Blood, which can be found at bloodjournal.org/content/bloodjournal/127/20/2391.full.pdf.

As always, feel free to visit the CAP website for updates and other information.
WELCOME TO THE NEW MEMBERS WHO JOINED (FEBRUARY–APRIL, 2017)

Kelli Ace ........................................Lenoir, NC
Christe Aubespin ..........................Humble, TX
Julie M Bagwell .........................Greenville, SC
Wendy Ballard .........................Etoile, TX
Deborah Bambrick ......................Canton, OH
Richard Barnes ........................Portland, OR
Tracy M Beierle .........................Milwaukee, WI
Linda S Berkman .....................Fredericksburg, VA
Leslie Blair Holly ....................Ridge, NC
Alicia Bogan ...........................Hollywood, MD
Constance Boone ....................Cleveland Heights, OH
Vickie A Boudreaux .................Houma, LA
Heather Buckingham ................Morgan Hill, CA
Sarah Cadaret ........................Pemberville, OH
Christine Caldwell ....................Cuyahoga Falls, OH
KeriAnn Carlson .....................Sandy, UT
Karen M Cassels .....................Apollo Beach, FL
Monique Clemons ..................Durham, NC
Rachel Conley ........................Olympia, WA
Stephanie Conway ..................New Carlisle, OH
Brandy M Crowell ..................Columbia, TN
Amber Curry ............................Brighton, CO
Dae E Curtiss ..........................Lawrence, KS
Brittney Daigle Pierre ...............Part, LA
Denise DeMello .....................Colorado Springs, CO
Susan Dominguez .....................Lynbrook, NY
Maria Eckert-Humphreys ............Philadelphia, PA
Gema Espinoza-Carr ..............Antioch, CA
Bridget M Foy .......................Salt Lake City, UT
Michelle Francis .........................Roswell, GA
Katherine Frazier ..........................Troy, MI
Kendra Galletta ..................Dobbs Ferry, NY
Donna Gilbert .........................Pleasanton, TX
Willis Gomez ........................New York, NY
Piper Goodson-Mckern ...............Joshua Tree, CA
Roshelle Gregg-Royal .................Honolulu, HI
Cam Ha ..................................Montgomery Village, MD
Cathy Hall ........................Georgetown, SC
Evelyn Hanni ........................Phillipsburg, NJ
Martha Hansen ........................Madison, WI
Melinda Harvey .....................LaPlata, MD
Lee W Heckman .....................Redmond, OR
Glennys Hernandez .................Short Hills, NJ
Sarah Herrera ......................San Antonio, TX
Hazel Ashley Hidalgo .................Magilao, GU
Cynthia Hines .........................South Hackensack, NJ
Candace Opgood-Townes ..........Kansas City, MO
Desa-Rhea Jefferson ...............Philadelphia, PA
Debra Jeffery ........................Muscatine, IA
Michelle Ann Jeffrey ...............Waterford, MI
Lauren N Johnson .................Morton, IL
Linda S Johnson-Dulas ...........Mankato, MN
Janice N Jones .....................Greenville, SC
Marlene Kelly .......................Durham, NC
Mary Kenton .......................Hermitage, TN
Natalia A Kissoon ................Fremont, CA
Tricia Kitt .........................West Des Moines, IA
Nancy Knaggs .......................Lawrence, KS
Lisal Larum ........................Fallon, NV
Mary Lieb ..........................Johnstown, PA
Ashley Lisbey .......................Miami, FL
Ruth Lutes .......................Ann Arbor, MI
Kimberly Mathews .................Jasper, GA
Amanda N Maxwell .................Athens, GA
Brandi McAmis .................Limestone, TN
Teresa McCusker ..................Powell, TN
Katherine Mireles Diaz ........San Antonio, TX
Leticia Montalvan .................Orlando, FL
Leah Nader .......................Bridgewater, MA
Chandell L Norman ...............Oklahoma City, OK
Ellen O’Connor ....................Stamford, CT
Maria Paniaqua-Perez .............Chesnee, SC
Ellen Stewart Pardue ............Bowling Green, KY
Jon Patrick .......................Forest Lodge, Australia

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<td>Maha Maria Piehl</td>
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<tr>
<td>Zakkiyah Yankene</td>
<td>Winston Salem, NC</td>
</tr>
<tr>
<td>Diane M Zimmer</td>
<td>Summit, WI</td>
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New CTR Continuing Education Requirement: Category A

**WHAT:**
CTR credentialed individuals are required to comply with a new continuing education standard as set forth by NCRA’s Council on Certification. At least four (4) of the required 20 CE hours must fall within “Category A” which covers the specific topic(s) of: directly assigned stage and/or site specific coding principles.

**WHO/WHEN:**
All current CTRs will be required to comply with this mandatory CE policy. The Category A requirement goes into effect for CTRs whose CE Cycle ends 12/31/2017.

**HOW:**
The Category A CE’s are to satisfy at least 4 of a CTR’s 20 CE minimum. CTRs that completed Category A CE’s in 2016 will be allowed to use those CE’s to fulfill the requirement. Category A CE’s are to be submitted with other completed CE’s during the CE Cycle.

A CTR may complete training(s) from any provider on Category A topics to attain required CE content. To qualify for CE’s, content must improve or expand the existing base of knowledge or skills of the CTR.

Consult http://www.ncra-usa.org/categoryA for additional details.