NCRA 2016 Annual Educational Conference Update

SUSAN M. KOERING, MED, RHIA, CTR
NCRA PROGRAM COMMITTEE CHAIR

The Program Committee continues to plan NCRA’s 42nd Annual Educational Conference, *A Winning Combination: Education, Networking, and Professional Development*. We hope you plan to join your fellow cancer registrars and colleagues as we gather April 10-13, 2016, at the Westgate Las Vegas Resort Hotel in Las Vegas. The conference will be here before you know it!

The committee has designed a comprehensive program to ensure registrars are up-to-date with advancements and changes in the field. There will be plenty of plenary and concurrent sessions in the topic areas of hospital registry, central registry, and registry management. **With over 35 plenary and concurrent sessions, you can earn over 18 CEs in three days!**

NCRA will also introduce a poster event in 2016, providing attendees more opportunities to learn about advancements in cancer treatment and care as well as cancer registry best practices.

We’ll offer three concurrent AJCC TNM Staging sessions in three consecutive time slots so that all registrants can attend a session on each of these important cancer sites:

- Cancer of Breast, Colon, and Lung
- Cancer of Larynx/Pharynx
- Cancer of the Pancreas

NCRA is offering several workshops, including the two-day pre-conference SEER: 2016 Advanced Topics for Registry Professionals. Pre-registration is required and space is limited for this workshop. A one-day post conference CTR Exam Prep Workshop will be held April 14. The popular Fundamentals of Abstracting Workshop will once again run concurrently with the conference and is intended for cancer registry employees with between six months and two years of experience. Please check the registration brochure for details.

A highlight of the conference each year is the Exhibit Hall, which showcases the newest in cancer registry products and services. Attendees can visit vendor booths to gather information, get answers to their questions, and mingle with colleagues. Of course, we’ll also hold the annual basket raffle, a fundraiser that’s always fun and exciting.

NCRA will provide a complimentary copy of the Conference Proceedings in electronic format (PDF) to all attendees. You’ll 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 2015, NCRA will again offer a conference mobile app. It will include the conference schedule, session descriptions, links to PowerPoint presentations, exhibitor information, and details on Las Vegas attractions. App instructions will be sent to attendees in early March.

The Westgate Las Vegas Resort Hotel has 3,000 rooms and suites. It’s just one block from the Strip and immediately adjacent to the Las Vegas Convention Center and the Las Vegas Tram for easy transport to and from the hotel. NCRA has negotiated a $104/night single/double rate that includes in-room Wi-Fi. To learn more about Las Vegas, visit [www.visitlasvegas.com](http://www.visitlasvegas.com).

Hotel reservation and conference registration details are included in the registration brochure, mailing early January. You can also register online and find out more at [www.ncra-usa.org/conference](http://www.ncra-usa.org/conference).

The 2016 Program Committee is pleased with the agenda and we know you won’t want to miss this conference. We look forward to seeing you in Las Vegas!
Happy New Year to all! There is so much to plan and look forward to in 2016. We can look forward to; here are just a few:

- NCRA’s 42nd Annual Educational Conference will be held April 10 - 13. Start planning with help from Susan Koering, MED, RHIA, CTR on the cover page.
- Exciting changes to The Connection are in store for 2016 as well as many committees; read more from Kyle Ziegler, CTR on page 4.
- Check out page 12 to see what goes in developing the 8th Edition of the AJCC Cancer Staging Manual as Theresa Vallerand, BGS, CTR fills us in on all the details.
- Let’s take charge and promote ourselves and the outstanding contributions we offer in celebrating National Cancer Registrars Week in April. See page 13 and how Jehan Reaves, BS, RHIT, CTR helps us prepare for our week.
- Take time to congratulate our 95 new CTRs… way to go!! See if you know anyone on page 15.

There is so much to plan and look forward to in 2016. Happy New Year to all!

Sherry Giberti, CTR
Editor, The Connection

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

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Correspondence, inquiries, and articles must be sent to NCRA at info@ncra-usa.org.

Please direct address changes to: NCRA, 1330 Braddock Place, Suite 520 Alexandria, Virginia 22314 Phone: (703) 299-6640 Fax: (703) 299-6650 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:
February 19, 2016 (spring issue)
June 17, 2016 (summer issue)
President’s Message

“Leadership is action, not position.” – Donald H. McGannon

Every now and then, I stumble across inspirational leadership quotes that I inevitably jot down on a sticky note and post somewhere in my office. It’s amazing how powerful a few well-chosen words can be. Sometimes a simple quote will change my outlook about a day that isn’t going well or will provide the perspective that I need. As a leader, inspirational quotes make me think about the example I am setting for my team and if the example is correct.

In my last President’s Message, I implied that a person’s title or position within an organization is not always synonymous with leadership. How we define a leader is often based on observations of behaviors and actions. We also form perceptions about who is and isn’t a leader through our personal interactions and involvements. If you search the web for the definition of a leader, there are a variety of descriptions, qualities, opinions, and viewpoints available. There is no one-size-fits-all definition of a leader.

In this message, I’ve included a couple of quotes that speak to leaders and leadership on a practical level. I think both quotes help define or illustrate valuable concepts that are applicable to everyone working in the registry field. I’ve also included a few questions for you as food for thought.

“The most powerful leadership tool you have is your own personal example.” – John Wooden

When I first came across this quote, it struck me as the type of quote that could fill a page if it had to stand alone. It is simply stated, yet it conveys an important message. As registrars, we are accustomed to relying on several types of “tools” to do our jobs. Defining the tools of the trade is pretty straightforward. Manuals, coding references, policies and procedures, online resources, etc., are all commonplace in the registry field. In addition, we reference these resources for examples that will help provide further clarity and meaning. But beyond the pages of a manual or the rules in a book, do we also view people as resources, as tools? The answer is yes, we do. How often do we find ourselves tapping into the knowledge of a co-worker or emailing a colleague with a question?

Going one step further, what kind of “tool” or resource are you to others? Perhaps it is your knowledge, education or skills. Maybe it’s a positive attitude, work ethic, mentoring ability, or even patience. If asked, how would you define your “own personal example”? Would you want people to follow your example?

“Become the kind of leader that people would follow voluntarily, even if you had no title or position.” – Brian Tracy

Title or position is not a guarantee that people will follow you. In the same respect, a job title does not make one a leader. Leadership is earned. Becoming the kind of leader that people will follow is not solely related to how well one manages tasks or responsibilities. It is more about “growing” others and, at the same time, expanding your own skills and experiences. It means holding yourself accountable and demonstrating the best qualities of a leader while encouraging the same behavior from those who follow.

As we start a new year, what better time than now to reflect on what type of tool, resource, and example we have been to others. Whether it is in the workplace, our volunteer involvements or community engagements, we are always setting an example. In the months to come, I encourage you to explore your leadership potential and inspire others to do the same.

Thank you,
As the Public Relations Board Director for the last two years, I've had the opportunity to work with many dedicated volunteers to help move NCRA forward. It's been an incredible experience, and I've made connections with people I now consider friends and colleagues.

In this position, I collaborate with The Connection, National Cancer Registrars Week (NCRW), Social Media, The Journal of Registry Management, and Website Committees. These committees have been working toward several significant changes that you'll soon begin to see.

The Connection Editorial Board met in October, and we discussed adding more content to the publication. Over the next several editions, you'll notice new features, such as more photos, “how to” articles, and volunteer spotlights. While these may not be groundbreaking changes, we believe the modifications will enhance your experience.

The NCRW Committee has been working on 2016 NCRW activities and planning the 2017 campaign.

The Social Media Committee held a breakout session at the Annual Educational Conference highlighting NCRA's social media platforms. While it's exciting for NCRA to be present in virtual social gathering places, we must be mindful of how we use these platforms. The committee has noted that coding questions about staging, histology, multiple primaries, and reportability have been posted and debated on the NCRA Facebook page, and we ask that you please refrain from doing so. Central cancer registries likely will not consider a Facebook response a reliable source of information, nor do I believe they would accept a rationale derived from a Facebook post when a code is challenged.

Central cancer registries and standard setting agencies have put a lot of resources and time into creating and maintaining approved question and answer forums to handle these types of questions. I know that sometimes registrars have to wait for answers, but turning to Facebook for these types of answers should be avoided.

To address this, the Social Media Committee has begun updating the privacy policy and guidelines for NCRA social media sites to discourage these types of posts in the future. In the meantime, I suggest everyone approach the answers to these types of posts on Facebook with caution.

It's been an exciting year and I've truly enjoyed my time as the Public Relations Board Director. I encourage all of you to consider running for office the next time the Call for Nominations is announced. It truly is a rewarding experience.
Public Health Problem:
Breast cancer is the most frequently diagnosed cancer, and the second-leading cause of cancer death among women living in the state of Washington (WA). In its 2011 Community Profile Report, the Puget Sound affiliate of the Susan G. Komen Foundation (PS Komen) revealed that nationally, WA ranked 12th highest in female breast cancer incidence and 35th highest in breast cancer mortality. They found that disparities were leading to higher rates of late-stage breast cancer among specific groups of women.

Use of Surveillance Data:
The PS Komen prepares a Community Profile Report every three to five years. These reports rely on qualitative data gathered from community input. They also depend upon quantitative data from the Washington State Cancer Registry (WSCR) and the Cancer Surveillance System (CSS), the Surveillance, Epidemiology and End Results (SEER) central registry at the Fred Hutchinson Cancer Research Center. The CSS provided female breast cancer incidence and survival rates for 13 of the 16 counties serviced by the PS Komen. WSCR provided female breast cancer incidence data for the remaining three counties. PS Komen identified that a greater proportion of late-stage breast cancer cases occurred in specific geographic and racial-ethnic communities in the 16 counties they serve. Specifically, Lewis and Pacific counties were highest at 32 percent. The highest rates among racial-ethnic groups were African-American (37.4 percent), Hispanic White (35.7 percent), and American Indian/Alaska Native (32.5 percent) women. They believed this was occurring in low-income women due to low participation in breast cancer screening and poor access to breast cancer screening, information, resources, and/or care.

Collaboration:
- Susan G. Komen Puget Sound: Used WSCR data to prepare its Community Profile Report. These reports profile the female breast cancer burden and disparities in their 16-county service area in northwest Washington.
- Washington State Cancer Registry (WSCR): Provided data on female breast cancer incidence for the three counties that are part of the local Komen Foundation service area, but outside the Puget Sound/SEER data capture area.
- Fred Hutchinson/Cancer Surveillance System (CSS): Provided data on female breast cancer incidence and survival rates in the 13 counties that are part of the PS Komen service area.

Public Health Outcome: Based on their analysis, PS Komen distributed more than $6.6 million to reduce the number of late-stage breast cancer cases in the priority communities. The funds were used to support breast cancer screening, education, and patient navigation services. There appears to be a noticeable, if not statistically significant, reduction in late-stage breast cancers. Additional improvements have been noted in survival rates among breast cancer patients in these priority counties and communities.

Lessons Learned:
- Cancer registry data can help organizations identify and address cancer-related disparities in specific communities.
- Cancer data can help communities and organizations secure and distribute scarce funds in ways that maximize impact.
- Partnerships draw on the diverse strengths of its members and increase the positive impact on public health.

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](http://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](mailto:pmeehan@ncra-usa.org).
The Medical Registries Task Force was created to learn more about medical registries, with the goal of identifying future strategic partnerships, possible collaboration opportunities, and areas where NCRA can provide support.

When NCRA first began researching occupational codes, it found many other types of registrars in the medical field. There are trauma, immunology, birth defect, exposure, and cardiac registrars, just to name a few. Additionally, a new type of registrar is emerging that’s related to quality of care, as recommended by the Agency for Health Care Research and Quality. Collectively, these registrars are known as medical registrars. In summer 2014, NCRA proposed a new detailed occupational code for inclusion in the 2018 Standard Occupational Classification system, and we want that code to be inclusive of medical registrars.

As the US Office of Management and Budget reviews the proposal, the NCRA Medical Registries Task Force has started our next project. We developed a list of more than 200 US-based medical registries and sent them a short survey to assess opportunities for partnership and collaboration. We are conducting follow-up phone calls to maximize survey responses.

NCRA has built an immense knowledge base around registry workforce issues and, in the process, has been exploring how we might be of service to other medical registries and registrars. We could benefit from support in researching partners and starting a dialogue about how to leverage existing products and services for potential new audiences in the future.
I had the opportunity to attend the 37th annual meeting of the International Association of Cancer Registries (IACR) in Mumbai, India, October 6-10, 2015. The conference was hosted by Tata Memorial Centre (TMC), India’s leading cancer center for cancer prevention, treatment, education, and research.

IACR was established in 1967 and now includes more than 450 members around the world. The IACR is a non-governmental organization dedicated to fostering the aims and activities of cancer registries worldwide. It primarily comprises population-based cancer registries that collect information on occurrences and outcomes in defined population groups.

The theme for this year’s meeting was Cancer Registries for Cancer Action, and the program included almost 200 delegates from over 25 countries across five continents. This group of international professionals delivered a very rich scientific program, addressing topics of cancer in transition, cancer control, cancer registry activities in Asia, and cancer surveillance worldwide.

In 2012, IACR began opening the meeting with a special presentation, the Johannes Clemmesen Lecture, as a tribute to the history of epidemiology and cancer registration. Johannes Clemmesen was a pioneer of cancer epidemiology in Denmark and founder of the Danish Cancer Registry. This year’s Clemmesen Lecture was given by Dr. Nubia Muñoz, who spoke about her role in demonstrating how the human papillomavirus is the cause of cervical cancer.

The conference included the following six keynote presentations:

➤ Cancer Control in India
➤ Cancer Registration in India
➤ Cancer Registry Activities in Thailand
➤ Innovative Uses of Cancer Registry for Monitoring Impact of Cervical Cancer
➤ The Role and Impact of Training and Education on Cancer Epidemiology in Low- and Middle-Income Countries
➤ Beginning the First Stage Toward Comprehensive Cancer Control Based on Cancer Registry Data

The program featured nearly 65 oral presentations and close to 100 posters. Topics included:

➤ Challenges and Opportunities in Setting Up Urban Population-Based Cancer Registries—An Experience from North India
➤ Changing Patterns of Cancer Incidence Among American Indians in New Mexico, USA
➤ Recent Trends of Lung, Mouth and Tongue Cancer in Bhopal, India: The New Challenges
➤ Use of Cancer Registry Data to Assess the Risk of Cancers After Organ Transplant
➤ Cancer Survival and Summary Stage Among Aboriginal and Torres Strait Islander People in New South Wales
➤ Criteria for Centers of Expertise for Rare Cancers: The RARECARENET Experience
➤ Socio-Economic Differences in Stage-Specific Cancer Incidence in Osaka, Japan: 1993-2004
➤ Software Module for Hospital-Based Cancer Registry Data Management
➤ Priorities in Global Cancer Surveillance at the International Agency for Research on Cancer
➤ Building Capacity for Cancer Surveillance Worldwide—Inter-agency Collaboration and Public/Private Partnership

It was interesting to hear the challenges countries are facing as they set up new population-based registries. In some countries, cancer registry staff actually conduct home visits and visit cancer treatment centers to collect information on cancer incidence and death cases. For example, in some of the tribal and underdeveloped regions of India, cancer cases are identified by conducting house-to-house surveys and verbal autopsies. People living in these areas have very limited access to healthcare. Major barriers in this region include lack of facilities to diagnose and manage cancer. Having a population-based cancer registry in these regions will provide valuable information to help develop strategies for improving diagnosis and care of cancer patients.

Attending this meeting made me feel proud to be a cancer registrar and to contribute to cancer research by providing accurate and complete data collection on incidence, mortality, and outcomes.

IACR meetings rotate across all continents to facilitate access to members worldwide. The 2016 IACR meeting will be held in Marrakesh, Morocco. For more information on next year’s meeting and IACR’s work, visit www.iacr.com.fr
Get Ready for the Transition!

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Telecommuting: The Future of Work

As I watch a snowstorm dump almost two feet of snow outside my window, I’m thankful I won’t have to drive to work tomorrow in poor road conditions. There are too many crazy drivers who have no respect for the snow and wind that could sweep them into a ditch or another car. When the weather is treacherous like this, I’m able to work from home; my boss understands that the risks are greater than the benefits of me making the drive. Do you have this luxury? Do you want to work remotely, but have an administrator who doesn’t allow it? Have you been thinking about applying for a remote position, but don’t know if it’s right for you? If you answered yes to either of these questions, you should check out the telecommuting toolkit on the Education Foundation’s website.

The Education Foundation developed this toolkit to promote telecommuting within healthcare facilities, define traits of a successful teleworker, and educate those involved in how to build an effective telecommuting program.

You’ll want to consider a few things before approaching your administration with a proposal to telecommute. First, can your job tasks be done remotely? Also, identify your work style to determine if you’re ready to work remotely. Are you self-disciplined, motivated, and organized—and can you stay on task without direct supervision? And then there’s the social aspect: Do you need interaction with colleagues to avoid feeling isolated? The toolkit includes a self-assessment to determine if you’re a good candidate.

Once you determine that telecommuting is viable, you’ll need to develop a proposal. The toolkit guides you through the process of preparing a comprehensive written proposal and an oral presentation. It also prepares you for objections you may encounter from your administration. The most common objection is the lack of accountability, so be sure to include a list of measurable goals in your proposal.

The toolkit reviews telecommuting basics and realistic expectations. The ability to work from home depends on a trusting employer, space at home, a supportive family, and self-discipline. Communication with co-workers and your boss is an essential part of telecommuting. It is important to understand that telecommuting is not an employee benefit; it is a management option and an employee privilege.

Also included in the toolkit is a sample Telecommute Agreement, essentially a contract that outlines guidelines and procedures for managers as well as employees. You’ll also find a list of tips for successful telecommuting to assist you in getting your job done in a productive manner.

We hope you take some time to review the toolkit materials, available at www.ncraeducationfoundation.org/links.html. If you’re already telecommuting, please share this information with others who may be interested in a flexible work arrangement. I’d like to thank Betty Gentry, BS, CTR and Eileen Abate, CTR for all the time and effort they put into this project!

Remember, work is something you do, not a place you go!

In Memoriam

NCRA RECOGNIZES THE LOSS OF THREE PAST-PRESIDENTS IN 2015.
TO READ MORE, VISIT WWW.NCRA-USA.ORG/MEMORIAM.

Betty Jean Cicero, Riverdale, MD
July 31, 1930 - August 27, 2015

Betty Jean was one of NCRA’s founding members and an NCRA President in 1989. Due to her strong leadership and guidance that was followed by Suzy Hoyler (1990) and Rosemarie Mckee (1991), NCRA continued to grow and move forward for the better. She also received a Distinguished Member Award for 1995-1996.

Rosemarie Eleanor Clive, Wildwood, FL
June 30, 1935 - December 19, 2015

A native of Bridgewater, MA, Ms. Clive resided for two decades in Chicago, where she retired in 1999 as Director of the Cancer Department of the American College of Surgeons (ACoS). She was the recipient of the Distinguished Member Award of the NCRA and author of more than thirty publications.

Evelyn Margaret (Buchanan) (McKean) Shambaugh, Dunedin, FL
August 27, 1922 - May 11, 2015

Evelyn moved to Maryland to work for the National Institutes of Health in 1961. She helped set up the SEER Program for cancer surveillance (writing training manuals, training member hospitals on how to collect cancer statistics, and co-authoring books). She was a founding member, and an NCRA Distinguished Member and Literary Award winner.
Informatics Committee Update

JOCELYN HOOPES, MLIS, CTR | INFORMATICS COMMITTEE CHAIR 2015-2016

Love it or hate it, Cancer Informatics is part of the CTRs world in 2016. For many years there was a quiet revolution in the registry profession as Informatics started to infiltrate our profession. Data started being transmitted and cancer databases became searchable and relational. Registrars got comfortable with pre-created or canned reports. At least one person in the registry, usually the manager or coordinator, may have taken a special interest in the Informatics side of our work. In the smaller registries, the abstractor became the expert out of necessity with little time to do anything other than understand just enough to get the abstracts completed and sent electronically to the right place. But, with the publication of Commission on Cancer’s “Program Standards 2012: Ensuring Patient-Centered Care,” the Informatics revolution went mainstream.

The 2012 Standards required so much more of everyone in the registry. How do I know this? As 2015-2016 Chair of the Informatics Committee, and a committee member before that, I have been listening to what NCRA members have to say about Informatics. In the most recent small focus group organized by the Informatics Committee, the participants indicated that if they undertook more education, it would be in the field of bioinformatics or health statistics. What a change from the days when a primary site or histology would have been a top pick. When asked about the past few years, through various questions, the participants noted that their job descriptions had changed and that they had to seek out knowledge on their own from a combination of resources to help them keep up with the changes. This information agreed with that of a focus group held earlier in 2015. We expect to hold more focus groups in the next few months and it wouldn’t be surprising if those groups answered in similar ways.

The latest Standards require interdisciplinary activity using evidence-based investigation to validate the quality of a program, and by extension the quality of the work of the clinicians, continuum of care professionals and the cancer registrars. The echoing questions is how to prove this quality and by what evidence. Cancer Informatics is the answer. When we can quantify our activities and compare them across time or facility data we can provide proof of the how, what, when, where and why quality cancer care makes a difference.

The Informatics Committee’s role is to watch the progress of informatics in our profession and to respond, filling in knowledge gaps and staying at least in-step with the needs of the membership. The 2015 Annual Conference in San Antonio saw the presentation of the first one-day workshop on Informatics sponsored by the Informatics Committee. I like to think of the 45 workshop attendees as the front wave of CTR Cancer Informaticists with boots on the ground in this revolution. For 2016 the Committee is working on an electronic case finding Tool-Kit, a webinar on “Understanding Edits from the Ground Up,” hosting more focus groups to find out where we as professionals find ourselves positioned in 2016 , and v. 1.1 of Informatics Competencies for the CTR to encompass those findings.

Through all this effort, I have been pondering the question of whether Cancer Informatics matters to every CTR. There are some who argue that CTRs who are primarily abstractors may excuse themselves from informatics competencies. Others find informatics underlying each activity we undertake. So, ask yourself the question, does Cancer Informatics matter to me? The Informatics Committee is interested in your answer.
Change Management Board Update

SHIRLEY JORDAN SEAY, PhD, OCN, CTR | CHANGE MANAGEMENT BOARD LIAISON

What is the Change Management Board?
The Change Management Board (CMB) reviews, evaluates, and approves requests for standards changes, including but not limited to those that will be incorporated into the NAACCR Volume II Data Dictionary. The board employs an assessment process to determine the feasibility of the change and assess the impact on the cancer surveillance community.

Who makes up the CMB?
The CMB includes a representative from each North American standard setting organization; the chair of the NAACCR Standardization and Registry Development Steering Committee (S&RD SC); the chair of the NAACCR Uniform Data Standards Work Group (UDS WG); and three central cancer registries. Subject matter experts are invited to attend meetings as needed.

What changes are expected for 2016?
There will be changes to some data items in 2016, so please be on the alert for updates and changes in reference sources. There may be data items that will be required by some standard setters and not others. Most likely there will be a change to the tumor size documentation and mets at diagnosis field options. Be sure to check the latest edition of FORDS and the SEER Coding Manual for specific coding instructions and additional updates. It is important to read the details and notes related to documenting specific fields. The NAACCR Data Dictionary identifies both new and revised items.

What’s involved in a submitting a change?
While anyone can suggest a change or new data item, it must be endorsed by one or more of the North American standard setting organizations. A feasibility analysis is sometimes conducted to ensure the item has a reasonable likelihood of being widely available for collection and that there’s a sound clinical basis for collection. For more information about the change management process, visit the NAACCR website at www.naaccr.org/StandardsandRegistryOperations/ChangeRequest.aspx.

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THERESA M VALLERAND, BGS, CTR | LIAISON TO AJCC

As I sit down to write this report to the NCRA membership, I am trying to get my own hands around exactly how much activity and work is going into the development of the 8th Edition of the AJCC Cancer Staging Manual. My goal is to relay the enormity of this project in this article.

Let me start with the Content Harmonization Committee. There is a wide range of representation from physicians and allied health professionals, public health and surveillance, biostatisticians, cancer registry standards setters, as well as other interested parties that serve on Content Harmonization. Their main goals are to improve accuracy of physician staging, establish clear rules for cancer registrars in the staging of cancer, and reduce ambiguity in the staging rules. This group will be in the forefront of writing Chapter 1 that will set the framework for the manual and the overall guidelines and rules for stage assignment. A chapter template had been designed for all chapter authors to follow so that all chapters are set up similarly, making for easier retrieval of information.

There are 4 sub-groups within Content Harmonization. The Data Collection Core group looks at the changes in stage assignment being proposed by the chapter authors, evaluating the availability or ease in collecting the information needed for these changes and developing a mechanism for the training of registrars. A Data Element Review Form (DERF) will be developed for each new change. The DERF will be the basis for developing a resource to assist cancer registrars in the collection and review of new elements that may be needed for staging.

The Evidence-Based Medicine and Statistics Core will provide chapter authors with guidance in the multiple levels of evidence-based medicine and in the analysis of statistical information needed to determine if and when changes to staging criteria are needed.

The Precision Medicine Core will explore adding prognostication tools to staging data in the future. The goal is to be able to link staging data with prognostication and to the development of individualized care. This will undoubtedly be an on-going process but will take data into the realm of personalized care.

The Imaging Core has been added to start bringing more imaging into the AJCC TNM Stage process. Imaging will be more visible in each of the chapters, addressing needs for each site.

Expert Content Panels review 7th Edition chapters, evaluate new evidence based information via juried publications, and make recommendations to the chapter authors as to what changes are indicated. There are 18 Expert Content Panels working to put this manual together, with a cancer registrar on each panel. This represents 400 volunteers. There are 80 chapters that are in the process of being written. As of September 1, 2015, over 3000 volunteer hours have been recorded. Please note that these hours were spent in meetings, conference calls, etc. and do not include the work being done outside of meetings and calls or the actual writing of the chapters. Based on the amount of work I have done outside of the call and meetings, I would suspect that you can take those 3000 hours, multiple it by 4 and it still probably would not amount to the number of volunteer hours put into this.

The chapter authors have been given a very detailed timeline for each activity involved in the development and writing of each chapter. This timeline also includes guides for chapter editors, copy writers, electronic format development, and so many other things.

What can be expected out of the manual? The manual will be available in print format and in binder format, as requested by cancer registrars. There will also be a Web Portal to access an on-line manual. The on-line manual will be updated as new science and medicine requires. An eBook application might also be available where users can order selected chapters rather than the complete book. For example, the urologic oncologist could select only the urology chapters and not be bothered with head and neck chapters. DISCLAIMER: This is what is being planned at this time, but changes may still be made as needed.

The process for writing the manual is as follows:

1) Expert panels and authors determine the content and write the chapters.

2) The Editorial Board then presents the chapters to the Editorial Board Liaisons to review the chapters and make recommendations.

3) The Liaison then presents the chapter to the Editorial Board for approval and/or revision.

4) This process is done with each chapter until each chapter has been approved by the Editorial Board.

I would be remiss if I did not include in this report the AJCC Curriculum developed for the Cancer Registry industry as a primer for assigning AJCC Stage. The Cancer Registry industry has been highly dependent on Collaborative Stage as a crutch to assist in AJCC and SEER Summary Stage. Because of this, seasoned registrars may not be as proficient as they were in AJCC Stage assignment “back in the day” and newer registrars never had to be as proficient. Before Direct Stage of AJCC and SEER Summary Stage is implemented in 2016, all registrars should attend at least one training session. In addition to the AJCC curriculum, NCRA has some training materials, local and regional professional organizations may provide trainings and your state central registries may also provide trainings. AND READ YOUR MANUALS – BOTH 7TH EDITION AJCC CANCER STAGING MANUAL AND SEER SUMMARY STAGING MANUAL 2000. Staging data will only be as good as your efforts in educating yourself. So please take the time to learn the correct and current rules and guidelines in the assignment of AJCC TNM stage and the coding of Summary Stage.

The last thing I want you all to know is that the NCRA AJCC Liaison is viewed by members of the AJCC as an equal voice at the table. The AJCC is truly invested in knowing how and what impacts the cancer registry industry as they go forward with improving cancer staging.
Formal Education Committee Update

LINDA FINE, CTR  |  FORMAL EDUCATION COMMITTEE CHAIR

The Formal Education (FE) Committee continues to promote establishing NCRA-accredited Cancer Registry Management (CRM) and Cancer Information Management (CIM) programs in colleges throughout the US. Many of these schools are referred to NCRA by members and allied health professionals. FE Committee members provide information, guidance, and support to schools that inquire about accreditation. If you know of a college that might be interested, please contact Mary Maul, NCRA’s Education Manager, at (703) 299-6640 ext. 314 or mmaul@ncra-usa.org.

As more and more facilities outsource registry functions, reduce the number of full-time CTRs onsite, and deny students the ability to complete clinical practicum activities in the registries, students are experiencing delays entering the registry workforce. As a response to this problem, the FE Committee is joining with the Formal Education Program Review Committee (FEPRC) and the Mentoring Committee to create more ways in which students can complete the clinical practicum—a requirement for taking the CTR exam. The three committees are working collaboratively to develop webinars on some of the practicum activities and programs so that CTRs working remotely can serve as virtual practicum supervisors. If you’d like to know more, please contact Mary Maul.

The FE Committee produced the first edition of the Directors’ Forum, an e-newsletter for directors of NCRA-accredited programs. The quarterly e-publication is intended to provide the directors with information that will directly benefit the programs and their students. As an example, the first edition highlighted information and links to various resources on the Center for Cancer Registry Education (www.CancerRegistryEducation.org) that can enhance student learning in many aspects of the registry through complimentary presentations, support materials, and resources.

The committee has also incorporated into its standards a requirement that NCRA-accredited programs provide their CRM/CIM students with an invitation from NCRA to visit the Center for Cancer Registry Education and answer a short questionnaire. NCRA is interested in building better relationships with these students to learn more about their needs and better support them through programs and services.

NCRA Formal Education Committee members include Linda Fine, CTR, Interim Chair; Peg Miller, RHIT, CTR; Kathleen Foote, CTR; Lori Boice, RHIT, CTR; Patricia Babin, CTR; Penne Perry, RHIT, CTR; and NCRA Board of Directors Professional Development Director Sharmen Dye, CTR.

Celebrate National Cancer Registrars Week, April 11-15, 2016

JEHAN REAVES, BS, RHIT, CTR  |  2016 NCRW COMMITTEE CHAIR

Cancer registrars throughout the world will join their colleagues, fellow medical professionals, and community leaders to observe the 20th Annual National Cancer Registrars Week (NCRW), April 11-15, 2016. The purpose of NCRW is to emphasize the important role cancer registrars play in capturing the data that contributes to cancer research, prevention, and treatment programs. This year’s theme is Cancer Registrars: The Heart of Improving Cancer Care.

NCRW 2016 packets will be mailed to all members in early February and will contain the 2016 poster, press release, a special gift, and additional information on ways to celebrate this important week. Visit www.ncra-usa.org/ncrw to access the 2016 NCRW logo and an electronic version of the press release for use in creating 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!

2016 NCRW Committee members include
Jehan Reaves, BS, RHIT, CTR (chair)
Kendra L. Hayes, RHIA, CTR
Sharon Nutter, RHIA, CTR
Carol D. Schur, CTR
Kyle Ziegler, CTR
Journal of Registry Management Call for Papers

Contributed manuscripts are peer-reviewed prior to publication. The following types of manuscripts will be considered:

1. Methodology Articles addressing topics of broad interest and appeal to the readership, including methodological aspects of registry organization and operation.
2. Research articles reporting findings of original, reviewed, data-based research.
3. Primers providing basic and comprehensive tutorials on relevant subjects.
4. “How I Do It” articles describe tips, techniques, or procedures for an aspect of registry operations that the author does particularly well. The “How I Do It” feature in the Journal provides registrars with an informal forum for sharing strategies with colleagues in all types of registries.
5. Opinion papers/editorials including position papers, commentaries, essays, and interviews that analyze current or controversial issues and provide creative, reflective treatments of topics related to registry management.
6. Bibliographies which are specifically targeted and of significant interest will be considered.
7. Letters to the Editor are also invited.

Address all communication to Vonetta L. Williams, PhD, MPH, CTR, Editor-in-Chief, Journal of Registry Management, (813) 745-1783, JRMEditor@ncra-usa.org.

Manuscript submission requirements can be found in “Information for Authors” on the inside back cover of each Journal and on the NCRA website at www.ncra-usa.org/jrm.
New CTRs

The fall CTR Exam was taken by candidates at testing centers worldwide during the October–November 2015 testing window. Ninety-five (95) candidates passed the exam and formally became Certified Tumor Registrars. NCRA’s Council on Certification proudly congratulates all new CTRs!

Alabama
Debra Gray, Pell City
Danielle Unger, Tuscaloosa
Jamie Williams, Tuscaloosa

Alaska
Keri Miller, Anchorage

California
Gretchen Agha, Sacramento
Rebecca Barker, Azusa
Savina Hernandez, El Cajon
Vee Nguyen, San Diego
Simon Owen, San Jose
Robert Ross, Woodland Hills
Maricel Sin, Antioch
Sarah Williams Fay, Palm Springs

Colorado
Sarah Karnes, Durango

Connecticut
Kathleen Powers, Essex
Marta Roper-Worsley, West Haven

Florida
Kali Cerdan, Valrico
Martin Duran, St. Petersburg
Monique Gordon, Lauderdale
Zoritsa Mojica-Robayo, Orange Park
Marissa Rangel, Fellsmere
Jacqueline Williams, Seminole

Georgia
Angela Burleson, Valdosta
Desiree Evans, Columbus
Shannon Fulghum, Tifton
Ebony Johnson, Lawrenceville
Vernika Lawrence, Riverdale

Idaho
Shannon Makinen, Meridian

Illinois
Ava Dacka, Arlington Heights

Indiana
Kristin Wennerstrom, Valparaiso

Iowa
Stacey Gunderson, West Des Moines
Brendy Pierce, Ames
Susan Smith, Castana

Kentucky
Bryan Baseheart, Lexington
Stephanie Carmack, Georgetown
Tabitha Sutton, Ashland

Louisiana
Brooksie Robinson, Shreveport
Erica Thomas, Laplace

Massachusetts
Sheila Malacaria, Wrentham

Michigan
Stacey Coltrin, Leslie
Deborah Gardiner, Westland
Ting Jin, Northville
Lora Wagenmaker, Grand Haven

Minnesota
Christine Bushaw, Rochester
Jessica Klapheke, Albany

Missouri
Jennifer Gilbert, Joplin
Sabina Lall, Saint Charles
Tina Lewis, Kansas City
Christi Lynagh, Mindenmines
Mary McCollum, Saint Louis
Heather Woolery, Sedalia

Montana
Cynthia McLendon, Great Falls

Nevada
Allison Brooks, Reno

New Jersey
Sandra Cicchino, Waterford

New York
Toy Hines, Albany
Kerry McKim, Colonie
Janet Mohlenhoff, Staten Island
Vanessa Montalvo, Brooklyn

North Carolina
Sierra Adams, Seven Springs
Reshida Briggs, Winterville
Lisa Neri, Canton

Nova Scotia
Keri Green, Halifax

Ohio
Kristen Fields, Glouster
Martha Kruse, Bowling Green

Oregon
Ashley Gray, Corvallis

Pennsylvania
Leandra Day, Mechanicsburg
Dana Lettitch, Valley View
Nicole Morrison, Mechanicsburg
Misty Stiffler, Red Lion

Puerto Rico
Amarilys Lopez-Rodriguez, Caguas

Saudi Arabia
Muhammad Nasir Khan, Riyadh

South Carolina
Jenny Rios, Simpsonville
Tina Sayer, Greenwood

Texas
Julie Bignell, Wylie
Jolonda Bullock, Maypearl
Tiffany Herrera, Houston
Teresa Prescott, Amarillo
Dianne Ramirez, Horizon City
Griselda Rubio, Laredo
Ashlea Ruffin, Crosby
Yvonne Tovar-Rodriguez, Harlingen
Lavinia Zanaj, League City

United Arab Emirates
Bryan Anthony Estaniel, Abu Dhabi
Sreeja Mohanan, Al Ain
Binitha Pillai, Al Ain

Virginia
Oona Cheung, Herndon
Melissa Horn, Richlands
Valerie Lovejoy, Chesapeake
Jennifer Shail, Roanoke

Washington
Theresa Casperson, Olympia

West Virginia
Sean Robinson, Charleston
Stephen Williams, Charleston

Wisconsin
Mary Greve, Waunakee
Peggy Luedke, New Berlin
Cheryl Michler, Fond du Lac
Stacey Rieu, Madison
**WELCOME TO THE NEW MEMBERS WHO JOINED SEPTEMBER – NOVEMBER 2015**

<table>
<thead>
<tr>
<th>Name</th>
<th>City, State</th>
<th>City, State</th>
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<tbody>
<tr>
<td>Dawnetta Alexander</td>
<td>Joplin, MO</td>
<td>Madisonville, KY</td>
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<tr>
<td>Jenna Aloia</td>
<td>Hoffman Estates, IL</td>
<td>Bowie, MD</td>
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<td>Peter Audello</td>
<td>Kansas City, MO</td>
<td>Lutz, FL</td>
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<td>Patricia R Audet</td>
<td>Falls Church, VA</td>
<td>Cherry Hill, NJ</td>
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<td>Janet Baker</td>
<td>Titus, AL</td>
<td>Loma Linda, CA</td>
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<td>Regina Barthine</td>
<td>Freehold, NJ</td>
<td>New Brighton, MN</td>
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<td>Carol Bartos</td>
<td>New York, NY</td>
<td>The Villages, FL</td>
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<td>Helena Bermudez</td>
<td>Bensalem, PA</td>
<td>Dallas, TX</td>
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<td>LeKetia Bryant</td>
<td>Mooresville, NC</td>
<td>Mesa, AZ</td>
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<td>Valeria Celaya</td>
<td>Hanover, NH</td>
<td>Costa Mesa, CA</td>
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<td>Kali E Cerdan</td>
<td>St Petersburg, FL</td>
<td>Boise, ID</td>
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<td>Robert Chapman</td>
<td>Auburn, WA</td>
<td>Cabazon, CA</td>
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<td>Kayla S Clark</td>
<td>Peoria, IL</td>
<td>Cibolo, TX</td>
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<td>Kendra Claybrook</td>
<td>Bixby, OK</td>
<td>Brea, CA</td>
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<tr>
<td>Debra Coody</td>
<td>Mora, LA</td>
<td>Waldorf, MD</td>
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<tr>
<td>Cindy Crooker</td>
<td>Ashaway, RI</td>
<td>Bismarck, ND</td>
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<td>Tarandeep Dhaliwal</td>
<td>Vancouver, BC</td>
<td>San Jose, CA</td>
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<td>Ismael Diaz-Rodriguez</td>
<td>Miami, FL</td>
<td>Glens Falls, NY</td>
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<td>Christine Dupee</td>
<td>Tampa, FL</td>
<td>Irvine, CA</td>
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<td>Brandi L Elias</td>
<td>Kewanee, IL</td>
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<td>Janine Gabis</td>
<td>Chillicothe, OH</td>
<td>Las Vegas, NV</td>
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<td>Ayatasha Hanton</td>
<td>Brooklyn, NY</td>
<td>Gardendale, AL</td>
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<td>Mohamed Harun-Razeed</td>
<td>Ras Al Khaima, UAE</td>
<td>Overland Park, KS</td>
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<td>Kimberly A Hattaway</td>
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<td>Rebecca E Hayes</td>
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<td>LouAnn J Heliger</td>
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<td>Lula M Henley</td>
<td>Silverdale, WA</td>
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<td>Tina Holkum</td>
<td>Ada, OK</td>
<td>Ypsilanti, MI</td>
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<td>Mackenzi Hollister</td>
<td>Tampa, FL</td>
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<td>Lori Hutton</td>
<td>Lebanon, TN</td>
<td>Quezon City, Philippines</td>
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<td>Bonners Ferry, ID</td>
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<td>Shaya Johnston</td>
<td>Colorado Springs, CO</td>
<td>Kannapolis, NC</td>
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<tr>
<td>Saba Khan</td>
<td>Ellicott City, MD</td>
<td>Upland, CA</td>
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<tr>
<td>Robert Kirkpatrick</td>
<td>Vauxhall, NJ</td>
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