Have you ever wondered how the CTR Exam is developed? How questions are written or how it’s decided which ones will be included? Hopefully, this overview of the process will shed light on the questions we’re asked most often.

Developing the CTR Exam is a multi-step process requiring assistance from an experienced and trusted third-party vendor who is proficient in psychometrics. Psychometrics is the field of study concerned with the theory and technique of psychological measurement, which includes the measurement of knowledge, skills, and abilities. Certification examinations must be defensible. For the CTR Exam, this means that the Council on Certification must be able to defend the exam as relevant to the profession and that exam “items” (i.e., questions) are technically correct.

Developing a defensible CTR Exam occurs over several stages:

1. **Content identification and test specifications development**

   This initial step leverages results from the NCRA Job Analysis study, which is normally conducted every five years or shortly after a big change in the field. The Job Analysis provides the body of knowledge, skills, and abilities that define the profession and distinguish it from related professions.

   Test specifications define important attributes of the exam, such as the specific content areas and the number of items tested within each area. The test specifications are published to aid candidates in preparing for the exam as well as to direct writers in drafting new items for the exam. Additionally, the specifications serve as a blueprint for assembling test forms to ensure the exam is consistent form-to-form in content coverage, cognitive levels, and difficulty.

2. **Item writing**

   The Item Writing/Exam Construction Committee writes new items each year to keep the exam relevant and consistent with current practices. Exam items may also be submitted by any member of the profession. Older items in the item bank are sometimes used if appropriate.

   If a reference is recently updated, it may be tested on the next year’s examination. However, any major change to a resource must be in effect for one calendar year before it is tested on the CTR Exam.

3. **Item edit and review**

   The item review occurs during an intensive two-day, in-person meeting. The review committee, comprising subject matter experts (SMEs) who are all CTRs, assess exam items for technical correctness.

   Items are reviewed to ensure:
   
   a. the stem is a clear question or statement;
   b. the answer key is correct;
   c. distractors are plausible;
   d. references are provided;
   e. the difficulty level is appropriate; and
   f. no potential bias exists.

   Items that are unclear or misleading will be rejected or rewritten. Much of the work during this meeting involves fixing distractors to not give away the correct answer. Before an item is included on the CTR Exam, all committee members must reach consensus on the six items above.

4. **Exam form creation**

   A different exam form is created annually by pulling approved items from the secure item bank. Sections consist of the following:
   
   - Data Collection: 78 items divided into the areas of case finding, abstracting/coding, and follow-up, survivorship and outcomes
   - Data Quality Assurance: 23 items
   - Analysis and Data Usage: 27 items
   - Operations & Management: 18 items
   - Cancer Committee and Conference: 23 items
   - Activities unique to centralized registries: 11 items
   - Open book: 45 items covering case finding and abstracting/coding

   *Continued on page 6*
Dear Colleagues,

What an exciting time of year it is for all of us; not only is it spring time with plants blooming, the sun warming and the days getting longer, but also many of you are preparing to attend one of the greatest educational opportunities offered; our annual national conference.

Everyone, no matter what stage of your profession, will be learning something new to share with your organization. Enjoy networking while enhancing your knowledge.

Relish the informative and valuable articles in this issue of The Connection. The authors have provided answers to our questions, encouraged us to become involved in our great organization and offered important changes to keep us current.

Please set aside some time out of your busy schedule to read your digital copy with options of using the e-publication ‘flip’ choice, the traditional scrolling of each page or the ability to download a paper issue for reading at a time when internet access is not available.

Don’t forget to celebrate yourself and your profession during National Cancer Registrars Week; April 10–14, 2017. Be Proud!

Wishing you the best,

Sherry Giberti, CTR
Editor, The Connection

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Sherry Giberti, CTR
Editor, The Connection

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

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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 of The Connection reserves the right to refuse publication of any article that is not appropriate. The NCRA Editorial Advisory Board will review the article and the editor will notify the author of any changes before the publication.

The deadlines for article submission:
June 16, 2017 (summer issue)
September 15, 2017 (fall issue)
President’s Message

“As I reflect on my time as President, I am remembering all the wonderful experiences and opportunities...”

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

I can’t believe I’m writing my final Connection article as your President. Where did the time go? Soon I’ll be passing the torch into Barbara Dearmon’s capable hands and sliding into the position of Immediate Past President. As I reflect on my time as President, I am remembering all the wonderful experiences and opportunities that were a part of this journey.

I’ve been a hospital registrar my entire career, but being President of NCRA meant I represented ALL registrars regardless of their work setting. That realization came early in my term when I attended the National Coordinating Council for Cancer Surveillance (NCCCS) meeting, where I represented all of you to a room full of standard setters, including physicians and epidemiologists. That pushed me out of my comfort zone and forced me to experience the bigger cancer surveillance picture. I then attended the NAACCR meeting, which was amazing and filled with examples of the impact of our data. This was really an educational experience; I encourage you to attend if you can.

Now, as I write this article, three-quarters of my term is behind me, but what’s immediately ahead is a real treat. Soon I will have the honor of calling NCRA members who have made the decision to volunteer. Those who said “yes” when our nominating committee called deserve to be congratulated. Saying “Yes, I will volunteer” really speaks volumes about your professional commitment.

What about your professional journey? Have you considered how volunteering would add dimension to your professional character and stretch your skill set? If you’ve thought about volunteering but haven’t yet taken the plunge because you’re not sure you have the time, you may be surprised to know that some positions require as little as two hours a year! Really, and not every volunteer position involves being elected. All our chairs, committee members, and liaisons are appointed positions and require varying amounts of time. Mentoring is another volunteering opportunity, and very much needed at this time. Ask yourself, “Where are my passions?” and check the NCRA website; chances are, we have a committee or task force that will feed your passion!

Being President stretched me professionally, which I expected—that’s one of the reasons I threw my hat in the ring. I am so grateful that my employer, Atlantic General Hospital, in Berlin, MD, believes in and values their associates’ involvement in professional associations. They have always encouraged and supported me on my journey and, for that, I am thankful. My heartfelt thanks must also go to the employers of our 70-plus NCRA volunteers; they are to be commended for supporting and encouraging their registrars.

Finally, I am so excited to be wrapping up my time as President by welcoming all of you to my home state of Maryland for the Annual Educational Conference! Please stop and introduce yourself to me at the conference and consider getting involved in NCRA as a volunteer. You won’t regret your time investment.

Linda
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 scholarship's 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, CTR. Her essay is below.

**The Future of Auto Populating the Cancer Registry Database, and How It Will Affect the Cancer Registry Profession: Outline the Advantages and Disadvantages**

New to the cancer registry field, and my first week on the job, I was told, “There will be no cancer registrars in 10 years' time.” The comment was in reference to the future, and cancer registry data automation. Needless to say, that sentiment gave me an uneasy feeling. Now I have a much better understanding that, while cancer coding and data abstraction is of the utmost importance, it is far from the only responsibility 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 casefinding functions, such as electronic pathology reports, and disease index report import functions. Sophisticated and comprehensive to edit validation sets essentially assist abstractors to ensure valid data entry. With all 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 database are demonstrated below.

**Advantages**

1. Time to focus on cancer program initiatives, which ultimately benefit the patient. Having a 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.
2. 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.
3. 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**

1. 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.
2. 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 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 important, 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.
NPCR Program: District of Columbia Cancer Registry

**Initiative:** AIDS-Defining Cancers and Non-AIDS Defining Cancers in the District of Columbia

**Summary:** Washington, DC, is reported to have the highest prevalence of AIDS and cancer in the US. Cancer is the second-leading cause of death among DC residents. The DC Cancer Registry collaborated with the George Washington University School of Public Health, DC Department of Health-HIV/AIDS Administration, and National Cancer Institute’s Division of Cancer Epidemiology and Genetics to conduct a research project. The study compared cancer diagnoses and survival rates between AIDS cases with AIDS-defining cancers (ADCs) and non-AIDS-defining cancers (NADCs) in DC. A poster for this study was presented at the International Conference on Malignancies in AIDS and Other Acquired Immunodeficiencies (ICMAOI) in November 2011. Another research article was published in the February 2015 issue of the journal *AIDS Care.*

**Solution:** In order to protect confidentiality between both registries, the linkage was performed in the presence of one representative of each registry, and these representatives performed the visual review of the linkage together. In addition, a special algorithm was created by the National Cancer Institute to preserve confidentiality after the match. The DC Cancer Registry used the National AIDS Cancer Match protocol and methodology to link cases reported 1996–2006 to the DCCR and AIDS Surveillance Registry using a probabilistic matching algorithm. This included the first diagnosed cancer cases, if the cancer occurred from four months to 60 months post-AIDS diagnosis. Stratified cases of ADCs and NADCs and early and late HAART eras analytic methods were used. The organizations conducted a univariate and bivariate analysis to compare the types of cancers and the availability of HAART on the distribution of cancer type. They also performed a Kaplan-Meier survival analysis and adjusted the Cox proportional hazards regression to assess survival time and risk of death by cancer type. They examined the demographic characteristics and survival rates of people suffering from AIDS compared to those suffering from both AIDS and cancer. The study also compared the prevalence of ADCs to NADCs between the early highly active antiretroviral therapy HAART era (1996–2001) and the late HAART era (2002–2006), and determined whether there were differences in survival based on the cancer type and the HAART era.

**Results:** Different types of cancer often occur in people with AIDS, and these people are considered to have AIDS-defining conditions. The presence of such conditions in a person infected with HIV is a clear sign that full-blown AIDS has developed. Some AIDS-defining cancers have become less common as more people have started receiving effective anti-HIV treatment. As people with HIV infection have been living longer, they are also susceptible to developing other types of cancer that are more common in older people.

AIDS-defining cancers—cancers that define a person with HIV as having AIDS—include kaposi sarcoma, non-Hodgkin lymphoma (especially primary central nervous system lymphoma), and invasive cervical cancer.

Non-AIDS-defining cancers and other types of cancer are also more likely to develop in people with HIV compared to people who are not infected. Such cancers include anal cancer, breast cancer, colorectal, Hodgkin disease (Hodgkin lymphoma), lung and bronchus cancer, oral cavity and pharynx cancer, and prostate cancer.

The findings showed that 33,161 cancer cases were selected for the match, and these cases were diagnosed between 1996 and 2006. Of these, in situ cases comprised 7.3%. Among those, 45.6% were male and 54.3% were female, 28.5% belonged to Whites, 65.1% to Blacks, and 2.2% to Hispanics.

**Sustaining Success:** Despite the high prevalence of HIV/AIDS and cancer in DC, only a small portion of the AIDS cases also developed cancer. ADCs and NADCs are equally common. NADC cases are most likely to develop cancer related to advancing age, with higher proportions of lung cancers being observed. The HAART availability does not seem to have altered the survival among ADCs and NADCs. Survival among non-Hodgkin’s lymphoma cases was also relatively low, thus reflecting the need for increased care among HIV-positive persons.

*Continued on page 6*
Public health efforts should focus on the prevention of lung cancer and continue the monitoring of HIV-infected persons for cancers. Introduction of HAART in 1996 led to prolonged survival and deceased opportunistic infections. Non-AIDS defining malignancies account for 6% of deaths among HIV-infected persons. Further, the increase in survival rates has resulted in the increasing numbers of ADC and NADC cases among HIV-infected persons.

The recent national cancer data comparisons show that 8,695 total new cases were added in 2012. Among those cases, 6.2% were related to ADCs. Therefore, monitoring the trends in diagnoses and survival of AIDS-associated and non-AIDS-associated cancers is a critical requirement for cancer surveillance. These sites are the ones most amenable to medical intervention and are likely to have the greatest impact on cancer incidence and mortality rates.

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.

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**How CTR Examinations are Developed—continued**

5. **Exam form review**

This is the final opportunity for technical review of the exam forms. The same SMEs who helped review the items perform this activity.

6. **Exam administration**

Eligible and registered candidates take the exam.

7. **Item analysis**

Once an exam has been administered, it must be validated. This happens via an analysis to identify items that exhibit problematic statistics. An item analysis indicates frequency distributions, difficulty and discrimination indices, reliability coefficients, standard error, and all option data. These data are reviewed for problems. This step—critical to developing a psychometrically sound, credible examination—follows certification industry standards.

8. **Standard setting & cut score study**

To determine a cut (passing) score, NCRA's Council on Certification employs the Modified Angoff Method, a process that determines how many items a minimally competent candidate could answer correctly. A panel of SMEs helps determine the cut score.

For purposes of the CTR Exam, a minimally competent candidate is one who is able to perform entry-level cancer registry job tasks. This person can competently abstract cancer data and possesses an understanding of data management and registry management practices. SMEs are asked to estimate the percentage of minimally competent practitioners who could answer an item correctly. This process is repeated for each item across multiple rounds. The average rating (across judges) for each item is then summed to arrive at a passing score.

9. **Exam scoring and results**

Administering the exam on a computer helps guarantee that the candidate's answer is recorded correctly. In the rare case of a power outage during testing, the test center staff is usually able to re-initiate testing without a significant interruption.

Candidates can access their test results online. Results reflect scores on individual exam sections and on the exam as a whole, helping candidates understand their test performance.
Join a team of cancer information specialists who improve patient care by delivering and transforming high-quality cancer data into actionable information for clients across the country.

Filling immediate positions | Stop by booth #26 or apply at CHAMPSctrjobs.com.

“I feel very well supported at CHAMPS. Everyone at CHAMPS Oncology – from my team, leadership and internal support – is so supportive. They are just a click or phone call away to help you take care of any challenges that may arise. The CHAMPS quality division is an extremely helpful resource keeping us updated on all of the changes in the industry and with the Commission on Cancer standards.”

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

Each winter, NCRA volunteer leaders provide estimated expenses and revenue for their activities for the upcoming fiscal year. The NCRA Executive Office staff then develops a budget that’s reviewed by the Finance Committee and presented to the NCRA Board of Directors for approval at our winter meeting.

The Fiscal Year 2017 budget was approved by the NCRA Board of Directors at the winter meeting in January. It contained projected revenues of $2,442,629 and projected expenses of $2,349,508. The majority of our budgeted revenue comes from membership dues, publications and materials, Annual Educational Conference fees, CE fees, and a CDC cooperative agreement. Budgeted expenses for this year include operations and administration, education, publications, and committee and task force work that aligns with NCRA’s Strategic Management Plan.

NCRA’s investments are managed by Black Rock Investment Management, LLC. As of December 31, 2016, our portfolio was allocated as follows: equities, 23%; cash and equivalents, 22%; and fixed income, 55%. Total market value as of December 31, 2016, was $529,326. The NCRA Finance Committee works with the Executive Office staff to implement expense-reduction processes and will continue to identify opportunities to decrease expenses and increase revenue.

As my Treasurer Senior term comes to an end, I want to express how much I have enjoyed serving as one of your Board members. This is an amazing organization and I’m proud to have been able to serve in this position.
Are You Part of the NCRA Backbone?

CHARLOTTE TERBOT, CTR | MEMBERSHIP COMMITTEE CHAIR

Every organization is made greater by the contributions of time and energy from its members. These volunteers make up the backbone of the organization. (Funny—as I write this, an NCRA email seeking volunteers has come across my screen.)

The NCRA Membership Committee is charged with researching best practices and recommending a process to the Board of Directors for recruiting new volunteer committee members. We recently held a strategic planning conference call and plan to submit a recommendation report to the Board of Directors this spring. We recognize the need for more volunteer committee members and are also exploring ways to better engage and recognize those volunteers.

A list of members who have been elected to 2017 NCRA positions is posted at www.ncra-usa.org/2017elections. You can see the many wonderful members who are currently serving at www.ncra-usa.org/leadership. Their time, training, mentoring, and commitment will help guide NCRA next year and for many years to come.

For all of the contributions of these volunteers, many opportunities remain. Are you interested in volunteering to increase educational opportunities? If so, the Education Committee might just be the place for you. Other committees could also use your help in welcoming new members, planning strategies to engage members, writing articles, or mentoring students and new CTRs.

Each one of us has a place within this backbone! Help your fellow CTRs while helping yourself. The rewards are great.

NIFTP: Capturing Data on Thyroid Tumors Classified with New Terminology

DR. SHIRLEY JORDAN SEAY, PHD, OCN, CTR

There has been much discussion related to the reclassification of some thyroid (C73.9) cancers. In many institutions, this reclassification has resulted in some thyroid cases that were previously classified as cancer now being classified differently. The standard setters have indicated it is important to continue to capture the cases identified as NIFTP, or noninvasive follicular thyroid neoplasm with papillary-like nuclear features.

In documenting histology for cases January 1, 2017, and forward, the standard setters request that the codes be assigned as follows:

- Noninvasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP) 8343/2
- Noninvasive encapsulated follicular variant of papillary thyroid carcinoma (noninvasive EFVPTC) 8343/2
- Invasive encapsulated follicular variant of papillary thyroid carcinoma (invasive EFVPTC) 8343/3

As registries continue to capture these cases, they will provide the medical community with the data necessary to make informed, evidenced-based decisions. Please see FORDS for other updates.
NCRA has issued a policy statement on Monitoring Changes in Cancer Registry Operations to express the vital role of the CTR in the abstraction process, and the value they add to the data collection process. The Informatics Committee took the lead in drafting the policy statement and corresponding white paper. The committee's work is in response to the changing relationship between the cancer registry profession and technology. The policy statement is below. To read the Role of the Certified Tumor Registrar in Cancer Data Abstraction, the corresponding white paper, go to www.ncra-usa.org/informatics.

**NCRA Policy Statement on Monitoring Changes in Cancer Registry Operations**

The National Cancer Registrars Association (NCRA) is a professional organization that represents cancer registrars involved in the collection of cancer diagnosis, treatment, and outcomes data. NCRA recognizes that changes in processes of how data are collected are essential to operationalize technological advancements and improvements. Historically, Certified Tumor Registrars (CTRs) have been innovators in the collection of cancer data. With this policy statement, NCRA is expressing the vital role of the CTR in the abstraction process and the value they add to the data collection process.

The CTR abstracts data using quality controls including standardized vocabularies and highly described fields allowing for comparison of diagnoses, treatment, and outcomes across cancer histologies and primary sites, as well as patient characteristics. The resulting records produced are of high intrinsic value and researchers rely on them to produce quality studies. However, changes such as automated abstraction, made possible through mapping of EH/MR fields to the cancer abstract fields, may result in the elimination of these value-added quality controls implemented by the Certified Tumor Registrar (CTR).

It is the position of NCRA that before implementation of technological advancements, specifically, automated abstraction, they must meet the minimum standards of representing patient case data with:

- **Fidelity**—The degree to which the data represents the actual case history of the patient.
- **Predictability**—The percent of occurrences in which the abstract will be accurate.

NCRA believes that any technology that does not meet this dual threshold should not be promoted and brought to scale as a functional alternative to direct abstraction. The quality proposition of the abstraction process managed by the CTR serves as a benchmark that must be met or exceeded by new technology. Once met, the profession looks forward to a day when the CTR may be a “data curator” continuing the tradition of partnership in cancer data collection. NCRA considers itself an essential partner in the prevention and cure of cancer. It supports the activities of all organizations involved with collecting cancer data and offers its help in monitoring necessary changes.
To Infinity and Beyond: Education Committee Update

JULIET R. WILKINS, MA, CTR | EDUCATION COMMITTEE CHAIR

In the words of Geoffrey Chaucer, “When April with its sweet-smelling showers / Has pierced the drought of March to the root / […] Then folk long to go on pilgrimages” (Canterbury Tales 1.1-12). I don't have much experience with April showers, being from Arizona where we break out down parkas and snow boots if the temperature dips below 60 degrees and where we believe Daylight Savings time is a myth. However, it seems that not much has changed since the 14th century when it comes to people longing for travel in April. By the time you read this, we will all hopefully be home safe and sound from our annual pilgrimage to the NCRA Educational Conference.

This Education Chair is extremely excited that this year’s conference has taken us to Washington, DC. This is the culmination of hours of effort and many sleepless nights on the part of the NCRA Committees, including the Education Committee. I want to thank my committee members for outdoing themselves, and I cannot express my gratitude to these individuals enough; I am so proud and grateful to have the opportunity to work alongside these wonderful folks. I don't know how they find time to do everything they do, but I am working on getting them caffeine IV's and lots and lots of chocolate STAT.

This spring the Education Committee has been thrilled to bring you a series of webinars including Making Data Look Its Best Through Data Viz(ualization) in February and Cancer Registry Resources in March. Many of these webinars are complimentary, and we archive them so that you can watch them at your convenience. Your next opportunity to catch an Education Committee webinar is coming up in May. We'll be hosting Anatomy & Staging: Pediatric Cancers on 5/10/17 and Importance of Cytogenetics/FISH in Pediatric Cancer along with Pathology & Treatment: Pediatric Cancers on 5/31/17. Keep an eye out for webinars on head and neck cancer and gynecological cancers in June. As always, if you have suggestions for topics which you feel are pertinent, please let us know!

Informational Abstracts
The Education Committee has been charged with the creation of Informational Abstracts (IA) which serve as handy, go-to work-sheets for abstracting. The latest IA to be posted focuses on brain tumors, and if you haven’t checked it out on the website I highly encourage you to do so.

This is, in part, one of the ways that NCRA is helping to create resources for online training in our increasingly digital world.

If you attended NCRA, then you had the opportunity to see a panel workshop, organized by the Education Committee, on that very topic. The demands of administrative budgets and resources make remote work increasingly normative for our registry community.

Staging Shorts
Over the past few months, the Education Committee has developed short presentations on using manuals to code breast, lung, and prostate cases, focusing on the Multiple Primary and Histology Rules, AJCC Staging, and SEER Summary Staging. The shorts are archived and available on the NCRA website at http://www.cancerregistryeducation.org/best-practices. Look for shorts on Colon and Melanoma, in the future. We are also looking ahead to the transition from the AJCC 7th Edition to the 8th Edition starting with cases diagnosed on or after January 1st, 2018. The Education Committee is developing a series of webinars scheduled for this fall that will help registrars make the transition to the 8th Edition. As always, you can view the schedule of upcoming webinar offerings on the CCRE: (http://www.cancerregistryeducation.org/live-webinars). If webinars don't fit with your schedule, they are always archived for later viewing. If you're interested in getting involved in a webinar or a short, you can contact Mary Maul, Manager of Education Programs, at mmaul@ncra-usa.org.

CTR Prep
We held a successful series of webinars to prepare candidates for the spring 2017 CTR Exam this past January. Our candidates worked hard to learn coding, anatomy, and registry history. We are so proud of the newly minted CTRs who successfully passed the exam. As we all know, being a registrar involves a steep learning curve, and the Education Committee wishes these new CTRs all the best as they move forward in their careers. Congratulations, all of you!

As part of the Presidential Charges for 2017, the Education Committee offered an on-site CTR prep course during NCRA along with the Fundamentals of Abstracting workshop, which was redeveloped to incorporate 2017 coding changes.

Committee Members
Juliet Wilkins (Chair), Susanna Mitchell, Cari Vida, Danette Clark, Danillie Clark, Lorraine Colwell, Eileen Abate, Carole Eberle, Louise Schuman, Anne August, Jennifer Ruhl

NCRA Board Director for Education: Paulette Zinkann

NCRA Staff: Mary Maul
The Education Foundation is conducting a call for nominees for directors. If you’d like to get involved and volunteer with an NCRA organization, we’d love to hear from you!

The Education Foundation is a nonprofit organization that supports the advancement of the cancer registry profession through education and research.

Why should you volunteer your time to the Foundation?

Here’s what current Foundation directors have to say about why they volunteer:

- The mission of the Education Foundation is important to the future of our profession. I appreciate being a part of that future.
- Supporting our profession, networking, and learning from others have given me a broader context of this profession.
- The Foundation strives to enhance our profession and provide knowledge that allows cancer registrars to empower themselves. Being part of the Foundation allows me to network with other cancer registrars throughout the country.
- Volunteering for the Foundation gives me the opportunity to use my skills and expertise. I have learned a great deal about the NCRA organization and have met some terrific people with whom I have remained good friends. All the NCRA positions I have served have helped me grow as a leader.
- I volunteer on the Foundation to “pay it forward” in recognition of a registrar who was both a mentor and a friend who taught with patience and grace. It is a pleasure working with a group of creative, energetic individuals who bring so many talents to the table.
- Being part of the Foundation has made me grow personally and professionally. It has given me opportunities I had never thought possible.
- It is a wonderful experience! You meet so many wonderful and interesting people!

If you’d like to be a part of the NCRA Education Foundation, submit your application by May 15, 2017, on the NCRA website at www.surveymonkey.com/r/ncraedfdnapp.
Thank Goodness for Cancer Registrars

PAULETTE ZINKANN, BSM, CTR | EDUCATION DIRECTOR

Each year, as part of our community outreach activities, Eastside Medical Center participates in the Great Days of Service volunteer event in Gwinnett County, Georgia. Gwinnett County is one of the largest counties in the state and home to the largest public school system. For this past October's Great Days of Service, I was invited to speak at local middle and high schools' career days. These career days were different than those I had experienced during my own high school years. We didn't sit at booths waiting for students to file by, pick up brochures, peek at our displays, and grab handfuls of candy. Instead we spent the whole day at each school, usually in the media center, and would tell our stories to the students who came to our tables.

At the start of each session, the professionals would gather for introductions. One school had a pretty impressive group. There I was, a cancer registrar, standing with a superior court judge, a lawyer, two physicians, a Marine staff sergeant, a CPA, a college professor, and an aeronautic engineer. We were to introduce ourselves and provide a bit of background on what we do.

When it was my turn to introduce myself, I asked the students three simple questions: 1) Did they know what cancer was?; 2) Had anyone in their lives been touched by cancer?; and 3) Did they know what a cancer registrar was?

Almost everyone's hand went up when I asked the first question. Sadly, almost as many students raised their hands when I asked the second. When I asked the third question, only one student raised her hand. I asked the young lady if she really knew what a cancer registrar was, and she nodded. Later, in private, she told me that it was a cancer registrar at one of the metropolitan hospitals who had helped get her family through her mother's battle with breast cancer.

While this didn't amaze me, it surprised me. Statistics and deadlines are the lifeblood of the cancer registrar. We live by our numbers; we provide them for national and state incidence and survival statistics, and we use them internally as a benchmark for productivity and hiring.

But now I was speaking with a young lady who was telling me that she wanted to be a surgeon because of what cancer had done to her mom, as well as to the rest of her family, and because a cancer registrar had been invited to sit in on a meeting with the family, the medical oncologist, and the nurse navigator.

Immediately after that day, I called the registrar at the facility where the young lady's mother was treated, thanked her for her input, and let her know what a positive impact her kind words and statistics had on the family. I was thrilled to hear that her facility treats cancer registrars as more than data processors. This registrar validated the fact that the data we gather have faces. She not only brought statistics to life but also inspired a young woman to hopefully dedicate her life to helping others.

Speaking with students has me thinking more about our profession. As registry professionals, we have the opportunity to reach our patients in so many different ways, and we have one another to lean on when times get tough. NCRA offers so many wonderful educational activities, like webinars, podcasts, and online courses. Mentoring is one of the best things we can do for our fellow registrars. None of us has all of the answers, but working together, we can sure try.

I'm no longer intimidated by the judges, police personnel, physicians, and astrophysicists. In fact, at one presentation, one of the physicians commented to the group, “If you really want to know about cancer, ask the cancer registrar. They know more about cancer than most of us here.”

I felt validated. Now, go out and tell the young people in your life about being a cancer registrar. Be proud of what you do. Learn as much as you can. Remember too, that patient 2008000100* is not just a statistic.

*my accession number
WELCOME TO THE NEW MEMBERS WHO JOINED (DECEMBER 2016–JANUARY 2017)

Trellany Anderson ........................... Mint Hill, NC
Tami Anderson ................................. Portland, OR
Jeanette J Andrews .......................... Nassau, Bahamas
Kaitlin Arnold ................................. Ann Arbor, MI
James Asaro ................................. Little Rock, AR
Janice Bachman .............................. Westland, MI
Hanna Baerveldt .............................. Midvale, UT
Barbara Ball ................................. Valdese, NC
Marissa Barnett .............................. Benton, ME
Joyce Bateman ................................. Kalsipell, MT
Farida Bathily ................................. Bronx, NY
Lindy Bearce ................................. Menands, NY
Sheryl Belcher ................................. Columbia, SC
Johathan Bishop .............................. Sacramento, CA
Christopher Brown .......................... Tampa, FL
Katherine D Brown .......................... Chattanooga, TN
Debbie Kay Burk ............................. Woodsboro, TX
Latonia Chanslor ............................ Winchester, KY
Melissa Chapman ............................. Martvin, NY
Deborah Clay ................................. Cleveland, OH
Kelly Connell ................................. Menlo Park, CA
Kristi Cooper ................................. Irvine, CA
Andrea Crook ................................. Colorado Springs, CO
Carolyn Darrow .............................. Carmel Valley, CA
Latasha D Davis .............................. Mobile, AL
Jeanne Porter-Davis ......................... Jacksonvill, FL
Fran DiLorenzo ............................. Pemberton, NJ
Kelly Drury ................................. Frederick, MD
Uroos Fatima ................................. Woodbridge, NJ
Kristen Fields ................................. Glouster, OH
Justin Fossom ............................... Portland, OR
Glenn Gammon ............................... Cambridge, VT
Carmen Garcia ............................... Parkton, NC
Victoria Garrison ........................... Shelburne, VT
Elizabeth Gildone .......................... Strongsville, OH
Constance Glinton-Rolle .................. Nassau, Bahamas
Amy Gruver ................................. Fulton, MI
Pam Hall .......................... Clayton, NC
Gary Heyl ................................. Grass Valley, CA
Kathryn Hill ................................. Boise, ID
Megan M Hoffman .......................... Temple Terrace, FL
Donna Hoover .............................. Winooski, VT
Kathryn Hudak-Novicky ................... Annapolis, MD
Paula D Jaber ............................... Frankfort, IL
Atif Jahangeer .............................. Windsormill, MD
Tracy Johnson ............................... Neenah, WI
Sharon Johnson-Elmore ..................... Charlotte NC
Felishia Jones ............................... Rockville, MD
Andrew Katona .............................. West Concord, MN
Carly Kendall ............................... Mebane, NC
Sandi Kolby ................................. St Paul, MN
Kellie S Kramer ............................. Lincoln, NE
Karen S Krause .............................. Glendale Heights, IL
Cristina Kunz .............................. Palm Coast, FL
Teresa M League ......................... San Jacinto, CA
Cynthia Lee ................................. Paramus, NJ
Shannon Lessard .......................... Lewiston, ME
Cynthia Lichttenegger .......................... De Pere, WI
Stacy Lomeli ............................... Bozeman, MT
Lori MacLaughlin .......................... Milton, VT
Danielle Mapanao ......................... Escondido, CA
Lorrie Marantz .............................. West Pawlet, VT
Melanie Martin .............................. Plainsboro, NJ
Rhonda Jane McClain ...................... Marinette, WI
Michael McCool .......................... Mobile, AL
Heather McDaniel ......................... Columbus, OH
Devyn McDonald .......................... San Francisco, CA
Cynthia K McDonough ..................... Scarborough, ME
Caitlin McGowan .......................... Newport News, VA
Tammy S McKenzie ........................ Pittsburgh, PA
Shannon McLeod ............................ Anchorage, AK
Lourdes Mejia .............................. Sacramento, CA
Jill Meunier ................................. St Albans, VT
Patti Migliore-Santiago ................... Tumwater, WA
Katelyn Jean Miller ........................ Cambridge, OH
Diane Millian .............................. South Setauket, NY
WELCOME TO THE NEW MEMBERS WHO JOINED (DECEMBER 2016–JANUARY 2017)

Kirsten Minges ......................... Houston, TX
Heather Mirsky-Ortiz ................. DeLand, FL
Selena Mitchell ......................... Oak View, CA
Michael Monteverde ................... Las Vegas, NV
Erin Morgan ............................ Daphne, AL
Janice Morton ......................... Las Vegas, NV
Kathleen Nagar ........................ Randolph, VT
Jennifer Neville ......................... Normal, IL
Samantha Nguyen ....................... Albany, NY
Sandra M Nicholson .................... Cheyenne, WY
Alison Oster ............................. Ferndale MI
Estella Pack ........................... Cambria Heights, NY
Melissah D Paz ........................ El Paso, TX
Lori Peterson .......................... Los Alamos, NM
Laurie B Pirog ......................... Bristol, CT
Lisa Prendergast ....................... Yonkers, NY
Marianna Prevatt ....................... Austin, TX
Asifa Qayyum ........................ Fremont, CA
Edna Rath ................................. El Paso, TX
Noreen Ray .............................. Salinas, CA
Sherry M Reid ........................... Abbotsford, BC
Linda M Remillard ..................... Largo, FL
Julia A Ross ............................ Albany, NY
Carrie Rupp ............................. Salem, OR
Mary Sanders ......................... Waterbury Center, VT
Julia A Sanderson ...................... Southington, OH
Indu Sankaran ......................... Fremont, CA
Sita Ram Saroa .......................... Vancouver, BC
Heidi L Schindel ....................... Green Bay, WI
Cherrita M Scott ....................... Oak Grove, KY
Erin Kay Sebring ....................... Simpsonville, SC
Mary Beth Seemuller .................. Virginia Beach, VA
Krystal Senecal ......................... West Rutland, VT
Molly D Sengvongxay ................. Portland, OR
Afreen Siddiqui ........................ Troy, MI
Lijo Simpson .......................... Decatur, GA
Jolie Doreen Smith .................... Arley, AL
Brenda L Smith ......................... St Augustine, FL

Susan Soffa ............................... Detroit, MI
Janet Sorensen .......................... Vancouver, WA
Laura Sosa ............................... New Hyde Park, NY
Denise Sotelo ............................ Chicago, IL
Hannah Stanko ......................... Middlesex, NJ
Marilyn Stanley ....................... Waretown, NJ
Angela M Straughn .................... Pensacola, FL
Kevia Taylor-Davis ..................... Parkville, MD
Sherri Tollston ......................... Hardeeville, SC
Diane Tokunaga ....................... Honolulu, HI
Dhruti N Trivedi ......................... Warren, NJ
Marissa Valentin-Clark ............... Sacramento, CA
Tess Voisard ............................ Lafayette, LA
Juanita Walker ......................... Tampa, FL
Stacy Whaley .......................... Munster, IN
Morgan Jane White ..................... Rome, GA
Aisha White ............................. Las Vegas, NV
Jacqueline Williams ................... Clearwater, FL
Nicole Witherell ....................... Providence, RI
Amanda J Worley ....................... Schertz, TX
Lisa D Wysong ......................... Wheeling, WV
Laura Young ........................... Detroit, MI