SPECIAL SOC CODE ESTABLISHED FOR MEDICAL REGISTRARS

New Code Will Vastly Improve Data Accuracy on Cancer Registrar Workforce and Salary Trends

NCRA applauds the Bureau of Labor Statistics’ (BLS) decision on December 7, 2017, to establish a distinct, detailed occupation code of “Health Information Technologists and Medical Registrars” in the Standard Occupational Classification (SOC) system. The new detailed occupation code reflects the increased use of data to improve medical treatment and care and the critical role cancer registrars play in collecting that data. The new code will also ensure that the statistics on the cancer registry workforce will be more accurate, providing a clearer understanding of the current and future workforce needs; correct salary information will help recruit and retain qualified individuals; and skill-appropriate personnel will be hired to fill cancer registrar positions at both the central and hospital levels.

Historically, cancer registrars have been grouped under a detailed occupation code entitled “Medical Records and Health Information Technicians.” The federal definition of this occupation did not accurately describe the complex roles and responsibilities of cancer registrars or other medical registrars. In fact, the definition best described the work of medical coders.

NCRA recognized that this misclassification was impacting national workforce planning—a key purpose of data collected by the BLS. It was also impacting how facilities classified cancer registry positions, leading to recruitment and retention challenges at central and hospital registries and below-market salaries. To address the problem, NCRA embarked on an initiative to establish a distinct detailed occupation code to ensure cancer registrars and other medical registrars were classed appropriately. After a 13-year effort, success was achieved. In the 2020 Census, cancer registrars will choose a more accurate SOC classification—one that recognizes the distinct skills and responsibilities of the medical registry and health informatics professions.

The new SOC classification for Cancer Registrars is 29-9021: Health Information Technologists and Medical Registrars. The definition is:

“Apply knowledge of healthcare and information systems to assist in the design, development, and continued modification and analysis of computerized healthcare systems. Abstract, collect, and analyze treatment and follow-up information of patients. May educate staff and assist in problem solving to promote the implementation of the healthcare information system. May design, develop, test, and implement databases with complete history, diagnosis, treatment, and health status to help monitor diseases.”

Illustrative examples: Cancer Registrar, Health Informatics Specialist, Health Information Analyst

To learn more about NCRA’s efforts to establish a new SOC classification, go to www.ncra-usa.org/Advocacy/CurrentPriorities.

Additional information on the 2018 Standard Occupational Classification System can be found at www.bls.gov/soc2018/major_groups.htm.

To learn more, go to: www.ncra-usa.org/Advocacy/CurrentPriorities
Dear Colleagues;

Ever notice how strong crocuses are as they struggle to rise out the still hard ground; they raise their leaves up as high as they can while battling the change in weather, even more snow. As I write this, I’m expecting up to 18 inches of freshly falling snow, oh the wonders of nature.

We may all feel like the hardy crocus as we struggle in our own ways to reach and grasp the new beginning of 2018 changes. We know we can do it as we have with multiple challenges along our paths.

Due to unforeseen struggles, this issue of The Connection had a delayed publishing date. Do take advantage of all the great articles provided in this issue. Our authors have once again out done themselves.

We have 93, yes you read right... 93 new CTRs! As well as many new members joining NCRA. Take time to congratulate them. Welcome aboard!

Many of you are preparing for the Annual Educational Conference in May; what a great program, learn lots, network and take time to explore the great city of New Orleans.

Until next time, best to all.

Sherry Giberti, CTR
Editor, The Connection

Special SOC Code Established for Medical Registrars
Read about NCRA’s recent victory with the Bureau of Labor Statistics (BLS)
—Front Cover

President’s Message:
Barbara Dearmon explains why cancer registrars and the data they collect are so important.
—Page 3

NCRA 2018 Annual Education Conference Update
The Program Committee provides a sneak peek of what’s in store at the Annual Conference in May.
—Page 4

2018 Standards for Breast Centers Effective in April
Read about the new NCPBC standards that will go into effect April 1.
—Page 5

2018 Danielle Chufar Memorial Annual Conference Scholarship
Learn about the scholarship and why you should submit an application next year.
—Page 6

Registrars in Action
Learn how the Oklahoma Central Cancer Registry put solutions in place to ensure increased accuracy of pediatric cases that are referred out of state.
—Page 8

NCRA Public Relations and Communications: Behind the Scenes Report
—Page 10

Celebrate National Cancer Registrars Week, April 9–13, 2018
—Page 12

Turning Information into Informatics
Understand the role of CTRs as data translators.
—Page 13

Year in Transition: Change Management Board Update
—Page 14

Strategic Management Plan Update
How NCRA uses member feedback to guide its goals and vision.
—Page 15

Finding CTRs
You can recruit someone to this profession no matter where you are.
—Page 16

Congrats to the New CTRs
—Page 17

Welcome New Members
—Page 18

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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:
February 12, 2018 (spring issue)
June 15, 2018 (summer issue)
President’s Message

“Cancer Registries are valuable to cancer surveillance and make a difference!”

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

WHY IS CANCER DATA REPORTING IMPORTANT?

As a cancer registrar do you ever wonder why we collect cancer incidence, where is data reported to and how is the data used? I had the opportunity to visit with Dr. Lisa Richardson, M.D., MPH Director of CDC Division of Cancer Prevention (DCPC) and Control and staff members along with our NCRA Executive Director, Lori Swain. The site visit was led by Mary Lewis, NPCR Program Consultant. The official visit to CDC was very informative, a great experience and reinforces the importance of cancer registry data collection which enables CDC to focus on DCPC priorities. We discussed NCRA objectives, how we can align our Strategic Management Plan (SMP) goals to support national priorities. I introduced myself to the staff, shared how I plan to support our organization’s SMP and carry out my presidency which is to promote the profession as well as engage and network with other associations.

Cancer data is collected from various sources to include but not limited to hospitals, ambulatory surgery centers, radiation therapy centers, laboratories and physician offices. Cancer data reporting helps health officials to better understand and address the cancer burden more effectively. The main goal for collecting cancer incidence and monitoring surveillance is to improve prevention and screening programs and support cancer research which ultimately benefits patients and our society. Hospital’s cancer registry data collection goes beyond reporting to the state central registry and maintaining an accredited program. Cancer registries and reporting at the local level is vital and enables the CDC, the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute (NCI) to evaluate the progress in treating cancer, one of the leading causes of death in United States.

The DCPC is a leader in cancer prevention and works collaboratively with national cancer organizations, state health agencies, and other key groups to developing and implementing effective strategies for preventing and controlling cancer. The CDC provides support to the National Program of Central Registries (NPCR) which collects data on all new cancers diagnosed in United States derived from data reported to your state’s central or population based registry. The NPCR represents 45 states and is the backbone for the nation’s cancer surveillance. The NPCR provides data to assists with studying the causes of cancer and who is most likely to get cancer. Cancer Registries data is essential to understanding how cancer affects U.S. The cancer data collected helps to increase screening in underserved areas, investigate possible clusters and causes of cancer, to identify populations at a higher risk of getting cancer as well as aids in evaluating effectiveness of programs.

Did you know data from NPCR and SEER programs combined generates the United States Cancer Statistics (USCS) on cancer incidence and population data, the official source for federal cancer data? The USCS databases include data by demographic characteristics and site specific tumor characteristics collected by cancer registries. The USCS Public Use Databases are intended for research purposes to conduct analyses for scientific inquiries, identify disparities, and investigate trends and geographic distributions in cancer incidence. The North American Association of Central Cancer Registries, Inc. (NAACCR) develops uniform data standards and data dictionary for hospital and central cancer registries data collection also intended for programmers and analysts who includes detailed specifications and codes for each core data item in the NAACCR layout. NAACCR aggregates and publishes data from central cancer registries; promotes the use of cancer surveillance data and systems for cancer control and epidemiologic research, public health programs, and patient care to reduce the burden of cancer in North America.

Annually NAACCR provides education and training to health professionals and certifies population-based registries with high standards and exceeds a 90% rate or higher in data completeness, accuracy and timely data to calculate standard incidence statistics for the year reviewed. None of these national priorities would be possible without cancer registrars who are charged with collecting accurate, reliable and quality data which supports public health official’s ability to monitor the burden of cancer in US. Cancer Registries are valuable to cancer surveillance and make a difference!
The Program Committee has been working diligently to plan and develop the 2018 Annual Educational Conference. In case you missed the update in the last edition of The Connection, the theme of the 44th annual conference is *Big Ideas in the Big Easy: Innovation through Education and Networking*. We hope you’re planning to bring your big ideas to the wonderful city of New Orleans as we gather on May 20–23, 2018. This conference is a great opportunity to network and share your expertise with fellow registrars.

The Program Committee has designed a comprehensive program to ensure cancer registrars are up-to-date with advancements and changes in the field. The conference will showcase critical topics, including national and state perspectives on the use and importance of cancer registry data; updates on the AJCC Cancer Staging Manual, Eighth Edition; Summary Stage 2018; and Extent of Disease (EOD).

Concurrent sessions will fall into five topic areas: Cancer Registry Management, Central Registry, Hospital Registry, Informatics, and Professional Development. There are 37 plenary and concurrent sessions scheduled, providing in-depth technical training to meet your educational needs. One day will be dedicated to disease site sessions, with AJCC and SEER training as the key focus. Each session will feature one case presentation demonstrating how to assign the AJCC 8th edition TNM stage, how to determine the Summary Stage 2018, and how to code EOD. Example cases from the sites of breast, colon, lung, prostate, oropharynx, and hypopharynx will be presented.

In addition to the main conference activities, there will be two pre-conference workshops: CTR Exam Prep Workshop: Hands-On Strategies for the Open-Book Section and Fundamentals of Abstracting. The CTR Exam Prep Workshop is a one-day, rigorous training experience for those preparing to take the CTR exam in the summer and fall exam periods. Faculty will focus exclusively on the open-book portion of the exam and provide a thorough review of resources and offer hands-on case studies. The Fundamentals of Abstracting Workshop is intended for new registrars and will focus on the concepts of quality abstracting and data reporting practices. Hands-on exercises using patient cases, resource materials, manuals, and databases will allow participants to experience a variety of basic and complex abstracting scenarios. The faculty will provide a theoretical basis for the tasks associated with abstracting and a comprehensive review of the topics most important to abstractors. Pre-work, including completing case studies and participating in a pre-workshop webinar, is required.

A post-conference workshop will also be offered for SEER professionals (as listed in the Conference Program Brochure). 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, session details and presentations. NCRA will again offer the conference mobile app, which will include the conference schedule, session descriptions, links to PowerPoint presentations, exhibitor information, and details on New Orleans attractions. App download instructions will be sent to attendees in early May.

The conference will be held at the Sheraton New Orleans Hotel. Steps from the French Quarter, the hotel is walking distance to Bourbon Street, the Riverwalk, the Port of New Orleans, and much more. The historic Canal Street streetcar is also nearby, making it easy to venture out to the Garden District and Magazine Street. Within the hotel, you’ll enjoy a rooftop pool and sun deck and a state-of-the-art fitness center.

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

The 2018 Program Committee is especially pleased with the agenda and we know you won’t want to miss this conference. We look forward to seeing you in New Orleans!
As most of you know, the 2018 National Accreditation Program for Breast Centers (NAPBC) standards will go into effect April 1, 2018. Changes and clarifications have been made to the manual, including a new format that clearly identifies required documentation.

One of the most important standards is 1.1, which defines levels of responsibility and accountability for breast centers. There are new definitions and requirements for the Breast Program Director (BPD), the Breast Program Leadership Committee (BPLC), and the Breast Care Team (BCT). There must be a single BPD with authority and accountability for the operation of the breast center. The BPLC is the governing body of the breast center and is chaired by the BPD. The BPD and the BPLC are responsible for goal setting, as well as planning, initiating, implementing, evaluating, and improving all breast-related activities in the center. The BCT includes health professionals who contribute to the active assessment, treatment, and/or dissemination of information to a breast center patient. The cancer registrar is an important member of this team.

Cancer registrars are also involved in activities that fall under Standard 1.2 – Breast Cancer Conference. This standard now includes attendance thresholds. The BPLC must establish and monitor attendance of individual BCT members from surgery, medical oncology, and radiation oncology. These individuals must attend no less than 50% of multidisciplinary breast cancer conferences (MBCCs) held each calendar year. A representative from both pathology and radiology must be present at ALL breast cancer conferences. Each individual radiologist or pathologist must attend no less than 30% of MBCCs held each calendar year.

<table>
<thead>
<tr>
<th>BCT Member</th>
<th>Attendance Rate</th>
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<tr>
<td>Surgeon</td>
<td>Individuals attend no less than 50%* of MBCCs each calendar year.</td>
</tr>
<tr>
<td>Medical Oncologist</td>
<td>*BPLC can set a higher rate.</td>
</tr>
<tr>
<td>Radiation Oncologist</td>
<td></td>
</tr>
<tr>
<td>Pathologist</td>
<td>Each specialty is represented at all MBCCs.</td>
</tr>
<tr>
<td>Radiologist</td>
<td>Individuals attend no less than 30%* of MBCCs each calendar year.</td>
</tr>
<tr>
<td></td>
<td>*BPLC can set a higher rate.</td>
</tr>
</tbody>
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The required frequency and case presentation at the MBCCs is dependent on the facility’s analytic caseload. The larger the caseload, the more frequently a program is required to meet. Facilities with fewer than 100 analytic breast cancer cases per year can opt to include these cases as part of the general cancer conference. The table below demonstrates the requirements.

<table>
<thead>
<tr>
<th>Analytic Case Load</th>
<th>Required MBCC Frequency</th>
<th>Case Presentation</th>
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<tbody>
<tr>
<td>100 cases or less</td>
<td>Every two weeks or twice monthly, or more frequently at the discretion of the BPLC.</td>
<td>85% of cases reviewed must be prospective.</td>
</tr>
<tr>
<td></td>
<td>Centers with fewer than 100 analytic breast cancer cases per year can opt to include these cases as part of a general cancer conference.</td>
<td></td>
</tr>
<tr>
<td>101–250 cases</td>
<td>Every two weeks or twice monthly, or more frequently at the discretion of the BPLC.</td>
<td>Case presentation thresholds are determined by the BPLC.</td>
</tr>
<tr>
<td>251+ cases</td>
<td>Weekly</td>
<td>Case presentation thresholds are determined by the BPLC.</td>
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On a final note, Standard 6.2 has been deleted. Performance measures have been incorporated into standards as applicable. With that stated, Standard 6.1 – Quality and Outcomes has been updated to three center studies OR two center studies and one physician quality improvement program.

Each quality study is required, at a minimum, to

- indicate the study topic that identifies a problematic quality-related issue within the breast center.
- define study methodology and the criteria for evaluation, including data needed to evaluate the study topic or answer the quality-related question.
- conduct the study according to the identified measures and methodology.
- prepare a summary of the study findings.
- design a corrective action plan based on evaluation of the data (if needed).
- establish follow-up steps to monitor the actions implemented (if needed).

Because the cancer registry is one of the only repositories of breast cancer data, registrars are integral to Standard 6.1. Quality studies can evaluate various spectrums of patient care, including diagnosis, treatment access, and supportive care; within that spectrum, there can be issues related to structure, process, and outcomes. It is the cancer registrar’s opportunity to expose the cancer registry database as the hidden “gold nugget” within the organization.

Of course, these are just a few examples within the NAPBC standards manual of the probable role of the registrar. We can contribute in many other ways and with many other standards. Take the time to review the changes and clarifications so you are prepared to take on the challenge.

In the words of NFL great Jerry Rice,

“Today I will do what others won’t, so tomorrow I can accomplish what others can’t.”
The 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. The scholarship provides financial support to help an active NCRA member with no available funding attend NCRA's Annual Educational Conference. The scholarship includes the conference registration fee, airfare (up to $600), and hotel for three nights. The number of applicants selected to receive scholarships is determined by the funds available. The scholarship is funded each year by individual donations, speakers' returned honoraria, and the annual state basket raffle.

Applicants must complete the application and submit a 500- to 750-word essay on the topic chosen by NCRA's Governance Planning and Evaluation Committee (GPEC). The 2018 theme is *Big Picture Thinking: Tell Us How You as an Individual and NCRA as an Organization Need to See the Big Picture to Plan for the Future.*

Eligible recipients must be active NCRA members who've been members for at least one year AND are active members during the year in which the scholarship is awarded. Associate, inactive, sustaining, student, and international members are not eligible. Members of the NCRA Board of Directors or GPEC are also not eligible. Please be on the lookout for information regarding the winner and how you can be considered for next year’s award.
The Connection | Winter | 2018

Registrars in Action

NPCR Program:
Oklahoma Central Cancer Registry; Raffaella Espinoza, MPH; and Amber Sheikh, MPH

Initiative: Educating Pediatric Providers in Rural Oklahoma on the Reporting of Pediatric Cancer Cases

Summary: The Oklahoma State Department of Health (OSDH) reviewed the number of reported cancer cases diagnosed or treated in Oklahoma between 1997 and 2012. The number of cancer cases averaged 18,883 annually with an average of 177 (0.93%) being children, ages 0–19. When compared to the CDC’s Wide-Ranging Online Data for Epidemiologic Use (WONDER) website, it was slightly lower than the national average of 0.94%. However, the estimated average for pediatric cancer case burden in Oklahoma might be a slight underestimate, as some pediatric cases that are referred out of state will often not get reported to the Oklahoma Central Cancer Registry (OCCR).

Currently, Oklahoma-resident cases that are diagnosed or treated out of state are supposed to be submitted to OCCR through data exchange with the respective state registry. Unfortunately, OCCR cannot enforce reporting of cases from out-of-state facilities. It has, however, initiated communications with surrounding registries to see how they can work together to ensure the data is submitted to OCCR. Having comprehensive data of diagnosed or treated pediatric cancer cases is vital for determining incidence, mortality, and survival rates, and for creating a more complete picture of the pediatric cancer burden. Although treatment advances have increased the national overall five-year survival rate for childhood cancer to approximately 80%, childhood cancer is still the second leading cause of death in children ages 5 to 14 years.¹,²

As part of the Oklahoma Early Case Capture of Pediatric and Young Adult Cancer Cases project, the OCCR collaborated with the Oklahoma Foundation for Medical Quality (OFMQ) to reach out to Oklahoma healthcare providers in border communities. The project evaluated the current reporting efforts of rural communities and developed protocols for healthcare providers to facilitate regular reporting of cancer cases to OCCR.

The OFMQ recruited 32 healthcare providers across 11 sites located near state borders to participate in the project. Family practices or pediatric providers who were using an Electronic Health Record (EHR) were targeted. The EHRs allowed OFMQ and providers to run reports identifying patients with a cancer diagnosis using the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) codes. The EHRs also allowed for testing of a variety of reporting methods without interrupting current workflow.

Challenge: Five different EHR systems were used across the 11 participating sites that had Certified EHR Technology (CERT) in place, meaning the EHR was certified to meet established standards for structured data. These standards include security, data confidentiality, and functionality. The challenge was each EHR met the criteria in different ways; therefore, a consistent protocol for sending cancer cases data electronically to OCCR was difficult to develop. Using the Referral Modules for EHRs also posed a problem with reporting cancer cases to OCCR, as OCCR is currently not able to receive the referral electronically. As a result, it may cause the practice to fail a measure for Meaningful Use.

Solution: In order to simplify reporting procedures for participating providers who report small numbers of pediatric cancer cases each year, a clinical summary could be sent directly from a provider's EHR to the OCCR via electronic fax. The e-fax method was tested and found to be an effective way of reporting cancer cases to the OCCR. This option did not pose a significant time constraint or financial burden for the provider. The clinical summary in the e-fax contained relevant and actionable information that alerted OSDH to follow-up with the provider(s) and/or facility(s) treating the patient.

The providers will also have an option to directly enter a patient’s clinical summary into Web Plus, a web-based module that can be retrieved by the OCCR. OCCR provides a manual and technical assistance to providers opting for this reporting method.

Continued on page 9
Registrars in Action

**Results:** The OFMQ Practice Advisors provided education to participating healthcare providers and their staff on cancer case reporting requirements and circumstances that may cause a case to go unreported. To reinforce this education, each participating provider received a Provider Toolkit specific to their EHR. The toolkits highlight the importance of cancer case reporting and provide users with instructions for reporting cancer cases to the OCCR. Providers received a hard copy as well as a USB drive containing an electronic version of the toolkit. The toolkits contained three main sections: EHR Reporting, Educational Materials, and Web Plus Reporting.

**Sustaining Success:** A formalized workflow and strategy was developed for the participating providers for future pediatric cancer cases diagnosed within their facilities. A protocol and toolkit were developed and shared across a wide range of providers until a more formal registry process is implemented. This method of reporting and education will also help early case capture efforts, which will assist in expediting cancer research activities. Future recommendations include follow-up activities with participating providers on the utilization of the education toolkit and reporting activities and continued outreach to healthcare providers in border communities.

**Reference:**

The Registrars in Action column highlights the impact cancer registrars have on public health. Cancer registrars collect standardized data to submit to Central Cancer Registries (CCRs), and these data are then submitted to the National Program of Cancer Registries (NPCR). CDC funds 45 states, the District of Columbia, and two US 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.
As Public Relations and Communications Director, I work with five committees: The Connection, The Journal of Registry Management, Website, Social Media, and National Cancer Registrars Week (NCRW). There have been many exciting activities within each of these committees that I am pleased to tell you about.

Three of the committees had specific presidential charges focused on increasing NCRA’s social media presence. Some of the goals were to increase communication, provide information, and promote the registry profession. To coordinate these efforts, a joint call was held in October 2017 with Sherry Giberti, editor of The Connection; Jehan Reaves, chair, NCRW Committee; Andrea Sipin, chair, Social Media Committee; and myself.

On the call, the group agreed to promote NCRA’s social media platforms in a variety of ways:

- Help members better engage in NCRA’s social media platforms, including specific instructions on how to join the NCRA Facebook Member Group.
- Develop a calendar of topics that NCRA and its members can use to create Facebook posts.
- Encourage members, especially during NCRW, to post “CTRs in the Spotlight” stories to Facebook and Twitter. These posts will highlight the importance of cancer registrars and the work they do.
- Promote The Connection through NCRA’s social media platforms. Using the “Inside this Edition” as a guide, NCRA will highlight key stories on Facebook with direct links to The Connection.

Over the last several months, the Social Media Committee has worked with NCRA staff to develop a more systematic approach to ensure regular NCRA-related postings to Facebook and Twitter. The committee would like to see more registry best practices stories posted as well as posts that highlight how cancer registry data are used to promote public health. The committee also wants to use social media platforms to acknowledge new CTRs and promote the credential. NCRA staff are researching the best time to post to Facebook and Twitter to maximize visibility and impact, since it is unclear how many members can access Facebook during work hours.

Continued on page 11
The Connection, NCRA’s quarterly e-newsletter, included stories to keep members informed of NCRA events and offerings, industry news, and updates from standard setters. The fall 2017 issue featured a wonderful tribute to April Fritz. Karen Phillips, BS, CTR; Gayle Clutter, RT, CTR; and Annette Hurlbut, RHIT, CTR, shared stories of April and remembered her important contributions to the cancer registry profession. Be sure to download The Connection at www.ncra-usa.org/ connection.

The Journal of Registry Management (JRM) is the only peer-reviewed journal focused on the management of health registries and the collection, management, and use of cancer, trauma, AIDS, and other health registry data.

The fall 2017 JRM was a special edition that included many of April Fritz’s past JRM articles. The edition showcased April’s extensive command of the cancer registry profession and her willingness to share her knowledge with others. Denise Harrison, BS, CTR, and Louanne Currence, RHIT, CTR, two of April’s colleagues and friends, penned a lovely remembrance.

NCRA implemented a new membership software system that was launched in 2017. The new system is the first phase of the NCRA website redesign.

A second phase of the website redesign will begin in early 2018. If you haven’t yet registered with the new software system, please do so at http://www.ncra-usa.org—just click the “Sign In” link at the top of the page. If you have questions, email info@ncra-usa.org or call (703) 299-6640 Ext. 310.

Healthcare professionals will celebrate National Cancer Registrars Week April 9-13, 2018, so mark your calendars! The NCRW Committee is getting ready to prepare the packet that will be mailed to members in February. The committee also launched the contest to determine the theme for 2019. Once the theme has been decided, NCRA will work with a graphic designer to create three poster options. Members will be able to vote for their favorite at the upcoming annual conference in May. As always, we look for new ways to celebrate the week dedicated to our profession. Learn more about NCRW at www.ncra-usa.org/ncrw.

GETTING STARTED WITH SOCIAL MEDIA
JOIN NCRA’S FACEBOOK MEMBER GROUP PAGE

Social media is a great way to keep up-to-date on NCRA and industry news and events. It also provides opportunities to post articles of interest, ask for advice, share successes, and much more. We encourage members to participate.

We know many NCRA members are active Social Media users; more than 2,450 members belong to NCRA’s Member Facebook Group!

We also know that some NCRA members would like to be more involved, but are not sure how to get started. We recommend beginning with NCRA’s Facebook Member Group page.

STEP 1:
Go to www.ncra-usa.org/FBMemberGroup

STEP 2:
Click Join Group

This is a members-only page, so NCRA approves all “join” requests. Please allow five business days for approval. Note: If the name associated with your personal Facebook page is different than the name associated with your NCRA member record, NCRA will not be able to confirm your membership. As a result, NCRA will deny the “join” request. If you think this might happen, please email info@ncra-usa.org for assistance.

I want to thank my committee chairs and their teams for their creativity, dedication, and hard work that contribute to the success of our organization. Their commitment to the profession is truly amazing. It has been a pleasure serving as Public Relations Director the past two years.
Celebrate National Cancer Registrars Week, April 9–13, 2018

JEHAN REAVES, BS, RHIT, CTR | CHAIR, 2018 NCRW COMMITTEE

Cancer registrars throughout the world will join their colleagues, fellow medical professionals, and community leaders to observe the 22nd Annual National Cancer Registrars Week (NCRW) April 9–13, 2018. NCRW emphasizes the important role cancer registrars play in capturing the data that informs cancer research, prevention, and treatment programs. This year’s theme is *Cancer Registrars: Hidden Jewels of Cancer Care.*

NCRW 2018 packets were mailed to all members in February and will contained—the 2018 poster, press release, a special gift, and additional information on ways to celebrate this important week. Be sure to visit [www.ncra-usa.org/ncrw](http://www.ncra-usa.org/ncrw) to access the 2018 NCRW logo and an electronic version of the press release you can use to create your own promotional materials.

A big thank you goes out to the entire NCRA membership for your dedication to the cancer registry profession. This is our week to be proud of what we do and who we are!

NCRW COMMITTEE MEMBERS
Jehan Reaves, BS, RHIT, CTR (Chair)
Donna M. Lanphear, BA, CTR (Board Liaison)
Carol D. Jones, RHIT, CTR
Jessica L. Klaphake, RHIT, CTR
Keri N. Miller, CTR
Angela N. Rodriguez, CTR

NCRA’s 44th Annual Educational Conference
MAY 20-23, 2018
New Orleans, LA

INNOVATION THROUGH EDUCATION AND NETWORKING

LEARN MORE AT [WWW.NCRA-USA.ORG/CONFERENCE](http://WWW.NCRA-USA.ORG/CONFERENCE)!
Truth. CTRs are data translators. Whether working around a table with physicians to review CP3R reports or facing a computer screen when deciding what to report as public outcomes, facility CTRs are relied on as interpreters of the same data we collect. In central registries, CTRs control the consolidated data that is parsed, formatted, and used by reporting bodies to respond to stakeholders’ public health concerns. We’ve always understood the power in our data. That power has never had a bigger footprint than the one created by the Commission on Cancer’s growing emphasis on our data’s open accountability and timeliness. In the public health arena, the stakeholders’ appetite for understandable data is stronger than ever, driven in part by the Internet’s democratization. It’s clear that CTRs are not facing an information revolution. For us, that occurred a long time ago. What we face each day is an on-the-job boot camp in data translation. We’ve collected it and reported it and now we need to explain it to all types of users.

Enter informatics. The Informatics Committee often defines informatics as getting the right information to the right people at the right time, and in the right format. Another definition is equally relevant and it’s that informatics is data translation.

Consider the oncologist who asks to see “my numbers.” I will stake my own credential on the fact that there is no report that any CTR can run with the title of “my numbers.” Would a mortality report answer the question? Or is there a combination of reports that need to crosswalk various data sets and be interpreted for her? What about data requests from community groups concerned about disparities in health data from the US Census Bureau, the EPA, the Sierra Club, and the state’s Department of Public Health? Some of the data addresses the risk of cancer and others, the existence of cancer clusters. Regarding risk, is that lifetime risk or adjusted risk? And, be sure to add to the mix the terms “prevalence” and “incidence,” often used in literature from public advocacy groups. As anyone who has earned the CTR credential knows, defining statistical terms is important.

Clearly, the same data can yield different descriptions of a population based on the statistical analysis, the underlying definition of that analysis, or the data sets used in the analysis.

As CTRs, we understand the complexity inherent in any data request or community assessment. However, many requestors or stakeholders do not. To become informed, they deserve a translation, or interpretation, of the data. Once they understand it, they can develop action points to address their concerns.

The power of data is to clarify and not to confuse, so this must be the first consideration for anyone working with data. As CTRs, we might examine data in a working committee or with just one person. We define terms; we look at what the data says, what it does not say, and what it realistically has the potential to say.

Data has the potential to provide direction for behavioral change and funding for public health initiatives and environmental projects. No matter how individuals or communities choose to use data, it becomes useful only with correct interpretation and guidance. And that’s how information becomes informatics—which means the right information, the right people, the right time and the right format.

For CTRs, the fundamental question is, Are you prepared to be the translator for the data you collect? You aren’t sure, according to results the Informatics Committee is collecting. For the past three years, the committee has been asking questions about your professional competencies in focus groups. The results tell us that many of you identify data translation as the skill you most want to learn or master. It makes sense because we are being challenged daily to be translators. And as with everything we do, we want to do it well.

The other results tell us you are finding many ways to learn this skill. For some, formal education programs work best. For others, workshops and webinars are most effective. Others pursue self-study from textbooks and journal articles. The important thing is to take advantage of one or more options available if you have self-identified a need to learn this skill.

Recently, a new CTR asked me what I think makes a good CTR. I didn't have a quick answer because I was running through the names of all the wonderful professionals I’ve met just since becoming chair of the Informatics Committee. To a one, they are deeply interested in making sure the data they collect is understood and used—so they’ve become great data translators. Truth.
I’ve had the great pleasure of assuming the Change Management Board (CMB) Liaison volunteer position this year, which has opened my eyes to the change management process in the cancer surveillance community. I say “pleasure” because it is a unique opportunity to join monthly meetings made up of representatives from each of the four North American standard-setting organizations: Statistics Canada, the Centers for Disease Control, the Commission on Cancer, and the National Cancer Institute, as well as representatives from NCRA, the NAACCR Uniform Data Standards Work Group, the NAACCR Standardization and Registry Development Steering Committee, provincial Canadian registries, a CDC-NPCR registry and an NCI-SEER registry. If needed, the CMB will also request the presence of additional subject matter experts.

Any member of the cancer surveillance community can suggest a standards change but it has to be endorsed and submitted by one or more of the North American standard-setting organizations via a Request for Change (RFC) form, which can be found on the NAACCR website. The Change Management Board reviews and evaluates all proposals. The board can also request a feasibility study to assess data availability and quality. For more information about the process, please visit https://www.naaccr.org/data-standards-data-dictionary/#changerequest.

As this article is being drafted, registrars across the country anxiously await the impending 2018 changes, which will have an impact on staging, coding radiation treatment, and multiple primaries and histology rules for both solid tumors and hematopoietic and lymphoid tumors, just to name a few. As you can imagine, all eyes are on the standard setters! Many workgroups are diligently working to complete the final 2018 instructional materials and adjunct education; this includes the CMB, which has been pivotal in reviewing the many proposals brought forth in this year of transition. Just in the last few months, the CMB has reviewed requests relating to the AJCC 8th Edition TNM fields, staging suffixes, new site-specific data items, and the Medicare beneficiary identifier and change to vital status. Additionally, the CMB created a cancer surveillance timeline with release and implementation dates and has participated in webinars to disseminate this information to the cancer registrar community.

As registrars, we will continue to stay proactive in our preparations via independent study, continuing education, and team collaboration so that we can solidify our foundational knowledge, and adapt and flex to the upcoming implementations in 2018 with continued completeness and accuracy. Albert Einstein said it best: “The world as we have created it is a process of our thinking. It cannot be changed without changing our thinking.”

Many thanks to the great efforts of the Change Management Board!
Strategic Management Plan Update

LINDA CORRIGAN, MHE, RHIT, CTR | GPEC CHAIR

The Strategic Management Plan (SMP) is the guiding document for NCRA's vision, mission, programs, and priorities. It was developed to help ensure that the work of volunteer leadership and staff aligns with the needs of the membership. The Governance, Planning and Evaluation Committee (GPEC) is tasked with reviewing, updating, and reporting on the outcomes of the SMP. As your Immediate Past President, I serve as the GPEC Chair; other committee members include Terri Richardson, Dianne Cleveland, Sue Koering, and Dana Lloyd, with Executive Director Lori Swain providing technical and administrative support.

The current SMP is set to expire in December 2018. It was originally implemented as a five-year plan in 2006 and has been updated several times—most recently in 2015—to incorporate member feedback and stay current. The current SMP has proven vital in establishing consistency and direction for the association. NCRA has achieved many of the goals from the 2006 SMP, including growing its reputation as a cancer registry workforce research expert and maintaining an active role in advocacy and policy development. It's now time to develop a new baseline SMP for 2019–2023.

In January, GPEC will be working with the consultant who helped develop the first SMP. He'll guide us through an assessment of the items within our current SMP as well as our members’ and stakeholders’ needs and the priorities of the field, current and future through 2023. Then, the consultant will support our leadership in development of a new five-year SMP and action steps.

I am excited to be a part of what essentially is this organization's blueprint for our future. Look for further updates on this process in subsequent issues of The Connection.

You Spoke. We Listened!
Introducing NCRA's New Member Benefit: A Professional Liability Insurance Program

- Low rates and exclusive member discounts.
- Immediate access to proof-of-coverage and policy documents (upon approval).
- Comprehensive insurance coverage of $1,000,000/$6,000,000.
- Offered by CPH & Associates, a leading provider of Professional Liability Insurance.

Learn more at www.ncra-usa.org/PLInsurance
Finding CTRs

As CTRs, we all dread that moment when we hear a coworker is leaving or retiring. This is the moment when reality—and panic!—set in. Where will we find a person who is dedicated to our values and field of work, and how long will it take to get them up to speed?

Operating in panic mode is not the best way to build your team of CTRs. Cultivating potential CTRs and bringing them into our profession needs to be an ongoing process. The big question is, how?

We need to be vigilant and have a multifaceted approach. First, be vocal. I talk about our profession ANY TIME I can. I spoke to the surgical nurse at the hospital when my grandbaby was getting an arm set. I told the bone scan tech when I was getting my scan! Both of these ladies have since contacted me to learn more.

You could also have business cards made and include the website addresses for NCRA and your state association. They’re easy to distribute whenever and wherever you find someone who wants to know a bit more, like at your doctor’s office, the gym, and the grocery store.

Last but not least, one of the best ways to cultivate new employees is to bring them in for an internship. Most education programs require a certain number of internship hours—so consider working with your hospital or central registry to develop in-house training for new hires. It does take time to work with a student as they complete their class and pass the test. Does the time spent with a new student pay off in the future when you have a pool of folks to bring on board when a staff member retires or moves on? I think it does.

Maybe we should move from “finding” CTRs to “developing” CTRs. The NCRA Membership Committee and staff are here to help!
New CTRs

The fall CTR Exam was taken by candidates at testing centers worldwide during the October 14-November 4, 2017, testing window. Ninety-three (93) candidates passed the exam and formally became Certified Tumor Registrars. NCRA's Council on Certification proudly congratulates all new CTRs!

Alabama
Susan Elam, Eva
Dana Stagner, Daphne

California
Sharon Kantarovich, Irvine
Winnie Lee, Colton
Asifa Qayyum, Fremont
Angela Shireling, San Diego

Connecticut
Laurie Pirog, Bristol

Florida
Sharon Clevenger, Largo
Janae Lott, Newberry
Anthony Pineda, Royal Palm Beach
Maritza Polania, Miami

Georgia
Emily Weaver, Townsend
Irena Tosuni, Hackensack

Illinois
Lauren Johnson, Morton
Nicole Sanford, Jacksonville
Lisset Todd, High Springs
DeAnda Wilson, Winter Haven

Indiana
Kimberly Cardin, Huntington
Leigh Hayes, Anderson

Kansas
Kristy Hurst, Elwood

Kentucky
Ellen Lycan, Lexington
Ellen Pardue, Bowling Green

Louisiana
Anna Brewer, New Orleans
Tonya Songy, Denham Springs

Maine
Amanda Fearon, Hebron
Jayne Weinberg, Dresden

Maryland
Kimberly Feeney, Severna Park
Carmela Groves, Columbia
Kathryn Hudak-Novicky, Davidsonville

Massachusetts
Wei Kwan, Braintree
Sandhya Naik, South Grafton
Audrey Potts, Dartmouth

Michigan
Alesha Holt, Sterling Heights
Margaret Sramek, Algonac
Melissa Wood, Port Huron

Minnesota
Amanda Bohlsen, Pennock
Jessica Yernatich, Rochester

Mississippi
Angela Brooks, Clinton

Missouri
Kenneth Cunningham, Ferguson

Montana
Stacy Le Marrec, Bozeman

Nebraska
Shari Fiala, Hastings
Jeanne Prucha, Omaha

New Hampshire
Christine Rondeau-Fryer, Jaffrey

New Jersey
Keir Martin Mays, Landing
Irena Tosuni, Hackensack
Susan Whitenour, Butler

New Mexico
Gale Craft, Albuquerque

New York
Kizzianne Casale, Troy
Matthew Guse, Watervliet
Kim LaScala, Ballston Lake
Andrea Long, Fishkill

North Carolina
Barbara Ball, Valdese
Cindy McAlpin, Mooresville
Querube Storti, Hickory
Amber Stroud, Wilson
Rebecca Witkowski, Kannapolis
Karen Young, Morehead City

Ohio
Stephanie Conway, New Carlisle
Julia Sanderson, Southington
Jaime Wisecup, Williamsport

Oklahoma
Cairlyn Combs, Edmond
Lisa Martin, Claremore

Oregon
Wendy Williams, Central Point

Pennsylvania
Tiffany Masotto, Sharpsville

South Dakota
Wendy Trucke, Sioux Falls
Courtney Wheeler, Madison

Tennessee
Virginia Brooks, Lebanon
Kerry Osborne, New Market
Dawn Rychlik, Burlison

Texas
Tracy Faust, Austin
Kimberly Hattaway, Karnack
Kavitha Madishetty, Austin
Sapna Oswal, Sugar Land
Christina Plaisance, Temple
Kimberly Rodriguez, Roma
Sanei Smith, The Colony
Patricia Thompson, Austin
Meccan Tyler, Silsbee

Vermont
Glenn Gammon, Canaan
Victoria Garrison, Shelburne
Lori Hoover, Winooski

Virginia
Khaoula Shaw, Fairfax

Washington
Caroline Hood, Vancouver

Wisconsin
Martha Hansen, Madison
Stephanie Knepley, Elkhart Lake
Linda Kurtzweil, Edgar
Andrea Schmitt, Greenville

Wyoming
Taya Bass, Cheyenne
**WELCOME TO THE NEW MEMBERS WHO JOINED (OCTOBER–DECEMBER, 2017)**

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
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<tbody>
<tr>
<td>Mahnaz Aasef</td>
<td>Tuscaloosa, AL</td>
</tr>
<tr>
<td>Sierra Adams</td>
<td>Greenville, NC</td>
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<tr>
<td>Tonica Anderson</td>
<td>Carterville, IL</td>
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<tr>
<td>Barbara Antill</td>
<td>Schriever, LA</td>
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<tr>
<td>Vicky Baggio</td>
<td>Ottawa, ON</td>
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<tr>
<td>Cheryl Biagiarelli</td>
<td>Holly Springs, NC</td>
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<tr>
<td>Pamela Blackman</td>
<td>Jber, AK</td>
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<tr>
<td>Trici Bowman-Davis</td>
<td>Jackson, MS</td>
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<tr>
<td>Linda Brown</td>
<td>Spartanburg, SC</td>
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<tr>
<td>Veronica Brunson</td>
<td>Antelope, CA</td>
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<td>Morgan Bumsted</td>
<td>Tampa, FL</td>
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<td>Arlene Cadiz Rodriguez</td>
<td>Birmingham, AL</td>
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<td>Heidi Cassola</td>
<td>Dickinson, TX</td>
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<td>Melissa Chalupa</td>
<td>Minot, ND</td>
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<td>Heather Donohue</td>
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<td>Orien Emamezi</td>
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<td>Nina Engelman</td>
<td>Jackson, MS</td>
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<td>Alexandria Estvanik</td>
<td>Perrysburg, OH</td>
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<tr>
<td>Shawn Farley</td>
<td>Charleston, WV</td>
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<td>Paula Franklin</td>
<td>Dubach, LA</td>
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<td>Abagayle Gardner</td>
<td>Winthrop Harbor, IL</td>
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<td>Nixzaly Gomez</td>
<td>Orlando, FL</td>
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<td>Joanne Goonwardene</td>
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<td>Lisa Hamel</td>
<td>Richland, MS</td>
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<td>Lori Hamilton</td>
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<td>Marie Henrilus</td>
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<td>April Huggins</td>
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<td>Melanie Johnson</td>
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<td>Joseph Kroeger</td>
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<td>Linda Kurtzweil</td>
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<td>Wei Kwan</td>
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<td>Gregory Larsen</td>
<td>Lancaster, WI</td>
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<td>Amanda Larum</td>
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<td>Christina Lefante</td>
<td>New Orleans, LA</td>
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<td>Mary Lehet</td>
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<td>Little Rock, AR</td>
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<td>Bessie Mayengo</td>
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<td>Tammy Obregon</td>
<td>Lake Havasu City, AZ</td>
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<td>Tolani Olasewere</td>
<td>North Bethesda, MD</td>
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<td>Cynthia O'Neal</td>
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<td>Eva Osborn</td>
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<td>Tracey Pittman-Crawford</td>
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<td>Jennifer Pluff</td>
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<td>Shameena Ramacham</td>
<td>Jeddah, AK</td>
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<td>Fairhaven, MA</td>
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<td>L. Scott Cassell</td>
<td>Staunton, VA</td>
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<td>Meganne Shickles</td>
<td>Indianapolis, IN</td>
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<td>Mary Steen</td>
<td>Reston, VA</td>
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<td>Elizabeth Toland</td>
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<td>William Watkins</td>
<td>Portland, OR</td>
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<td>Renarda Whitehead</td>
<td>Irving, TX</td>
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<td>Amy Whitfield</td>
<td>Texarkana, TX</td>
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<td>Rebecca Wiesen</td>
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<td>Miriam Wilder-Hairston</td>
<td>Mabelvale, AR</td>
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<td>Kristiana Wilkinson</td>
<td>South Burlington, VT</td>
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<td>Khawlah Williams</td>
<td>Smyrna, TN</td>
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<tr>
<td>Coyle Wood</td>
<td>Cohoes, NY</td>
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<tr>
<td>Isaiah Zipple</td>
<td>Hillsborough, NC</td>
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Members need to register with the new membership software to renew online. Please use Google Chrome or Firefox.

STEP 1: Go to www.ncra-usa.org.

STEP 2: Click on the “Sign In” button in the top, right-hand corner.

STEP 3: Click the “Register Now” link.

STEP 4: Click the “Quick Activation by Contact ID” link located at the bottom of the registration page.

STEP 5: Enter your 5-digit member number, first name, and last name and click “Activate Account”.

STEP 6: You will be instructed to create a new “username” and “password.”

STEP 7: Press “Register” to save.

STEP 8: You will be in your member profile and can renew online.

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2. Fax or mail the Membership Dues Invoice (mailed to you early October). Can’t find your copy? E-mail member@ncra-usa.org.


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