REMEMBERING APRIL FRITZ: A BORN TEACHER WITH THE RIGHT TOUCH OF GOOFINESS

KAREN PHILLIPS, BS, CTR; GAYLE CLUTTER, RT, CTR; and ANNETTE HURLBUT, RHIT, CTR

We have all known and admired April's professional skills and her contributions to registrars, but we thought you might enjoy some personal reminders of the friend we so admired.

The first time Karen met April, April and Bob had just moved to the St. Louis area, and April had somehow learned the time and location of the next Bi-State Tumor Registrars Association (BiSTRA) meeting. This was the '80s, when dot matrix printers were the latest and greatest. True to her technophile tendencies, April acquired one along with the software to generate a banner proclaiming “Welcome to BiSTRA!” She was an immediate local sensation. And for the next 30+ years, she continued to impress her friends and colleagues.

The very best treat was to be a guest in the home April shared with Bob and always a pair of rescued golden retrievers. They had a soft spot for their sweet “Golden Oldies.” Besides immediately putting every guest at ease, April always cooked something special. “Which do you like best, Albanian, Ethiopian, or Cantonese?” she’d ask, and, of course, she would have a great recipe on hand! She made us sushi before it was trendy. We had a deal: She cooked, and we cleaned the kitchen. Perfect! She had a huge collection of cookbooks of all varieties, but her favorite recipes were for Cajun and Creole dishes. Many of her students fondly remember homemade lunches of jambalaya and gumbo and “all the fixins.”

Gayle recalls a weekend visit to “Chez Fritz” when a monster snowstorm was predicted. As a Florida native, Gayle wasn’t about to miss a snowstorm, and certainly wasn’t giving up a weekend with Bob and April. An immediate supply run was required for the necessities: bread, milk, adult beverages, and movies. Later April made margaritas from fresh snow off the patio that they enjoyed in front of the fireplace to build adequate strength to shovel out the cars.

If you knew April’s parents, you’d be reminded that “the apple doesn’t fall far from the tree.” Her father was an orthopedist she assisted with office management. That sparked her first interest in the medical field. Her dad was a big guy with a white handlebar mustache, a penchant for invention, and a laugh that could rattle the rafters. Her mom was small and quiet and sunny, with a barely contained wicked sense of humor. Her sister Robin was her lifelong friend—the kind who, when chemo had taken all of April’s hair, happily took her to a crazy hat party with a 19th-century Phrenology Chart of the Faculties drawn on her scalp with liquid eyeliner. Later, a more sophisticated version of her brain hat became a favorite teaching tool.

To April, everything was a potential teaching tool. When anything new appeared on the registry horizon, she dove in headfirst. Fearless, she made herself our expert for her very next presentation opportunity. She did admit to certain OCD qualities, sometimes happily blaming having been “toilet trained at gunpoint.” Registrars were grateful.

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She was a born teacher with just the right touch of goofiness to keep it all fun. She was the only presenter we ever knew who got a standing ovation for a handout, before having said a word. She was speaking at NCRA following a recent mandate for more specific head and neck staging. Tumors were to be classified as either supra- or infratentorial, but standard setters had sadly neglected to define the precise boundaries of the tentorium.

Continued on page 4

Learn more at https://tinyurl.com/April-Fritz-Memorial
Happy Fall Colleagues;
Didn’t we just have fall? How has the time passed us so quickly? Perhaps it is because we’ve been busy getting ready for the changes coming in 2018!

One of our biggest changes is not having the personal touch that April Fritz gave to all of us as she shared professional guidance in our ever-evolving cancer data world! She will forever be with us in our memories and in her valuable learning tools. Find out more about the fascinating April on pages 1 and 4.

This is a solid packed issue with great articles as always by the dedicated authors sharing information to help us learn all about the committees, liaisons, upcoming educational events, changes we need to know and how they make things work!

Barbara Dearmon, President of NCRA, shares on pages 3 and 5 her experiences and what activities are involved in supporting the Strategic Management Plan.

Are you preparing to take your CTR exam? You might want to review the new specifications that Kim Watson brings to us on page 14.

Is it time for you to submit your CE’s? Shirley Jordan-Seay helps us prepare for what is needed to complete the Category A requirement, see page 16.

We all know that the AJCC Cancer Staging Manual, 8th Edition is to be used starting with 2018 cases, right? Anyone a bit overwhelmed by the changes? Let NCRA help you with all their resources to ease your concerns. Many are referenced in this issue.

Let’s put our hands together and congratulate the 91 new CTRs on page 10; see if you know any of them. And, welcome to all the new members who joined this great organization noted on pages 24 and 25!

Until the next season.

All my best,

Sherry Giberti, CTR
Editor, The Connection

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The deadlines for article submission:
February 12, 2018 (spring issue)
November 17, 2017 (winter issue)

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.

2 The Connection Fall | 2017
“The Board of Directors and volunteers are energized and looking forward to carrying out NCRA charges and supporting its mission this year.”

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

My term is going by quickly. I had the honor of attending the recent NAACCR conference, Breaking Barriers in Cancer Surveillance, which provided a great networking opportunity. I gained a better understanding of how data are used by central registries and at the international level. NCRA sponsored the “Registries of the Future” pre-conference workshop focusing on the future of cancer surveillance. Please read Linda Mulvihill’s report in this issue of The Connection. She is NCRA’s liaison to NAACCR.

The presidential charges for 2017–2018 were established and are included in this issue. These charges support the NCRA Strategic Management Plan and priorities and help ensure volunteers and NCRA staff are working to meet the needs of the membership.

In other news, NCRA held its non-Board volunteer and Board orientation conference calls. These one-on-one calls allowed me to introduce myself to volunteers, the Board of Directors, and entities that report directly to the president. We discussed Board and chair roles and policies and procedures, and reviewed the organizational chart and presidential charges. The in-person summer Board orientation was held in Alexandria, Virginia, to review roles and NCRA operations in more detail.

I spoke at the Academy of Oncology Nurse and Patient Navigators (AONN+) West Coast Regional Meeting promoting the cancer registry profession and the CoC standards. I highlighted my organization’s best practices and how cancer registrars support patient navigation in accredited programs. In addition, AONN+ interviewed me about the following topics and shared the resulting video with its membership:

- CoC accreditation FAQs
- Best practices for developing a survivorship care plan
- Best practices for identifying barriers to care
- How AONN+ metrics complement CoC standards
- How CoC standards help support the role of the navigator
- How CoC standards improve patient care
- Why facilities should be CoC accredited
- Why navigators are essential to healthcare organizations
- How navigators can use cancer registry data

I had the chance to review the AONN+ metrics to measure patient navigation against Commission on Cancer standards related to survivorship, patient navigation, psychosocial services, and distress screening—factors that assist organizations with evaluating patient experience, clinical outcomes, and return on investment in accredited programs. This was a great opportunity to engage with other associations on the importance of data collection and how data supports patient-centered care.

Members interested in navigation metrics can access the AONN+ article entitled “Standardized Evidence-Based Oncology Navigation Metrics for All Models: A Powerful Tool in Assessing the Value and Impact of Navigation Programs” at http://bit.ly/2z1KQ7g.

In addition, in June, Nadine Walker, Director of Recruitment and Retention, represented NCRA at the American Cancer Society’s Cancer Prevention in Your Community briefing in Washington, DC; and Lori Swain, NCRA Executive Director, attended a Biden Cancer Initiative reception, during which the organization’s director, Greg Simon, highlighted the importance of cancer registry data collection and sharing.

The Board of Directors and volunteers are energized and looking forward to carrying out NCRA charges and supporting its mission this year.
April had spent hours researching anatomy at the National Library of Medicine to prepare her desperately needed handout. April's walls were lined with books. One group, of course, was about etymology, the study of words and their derivation (she improved everyone's vocabulary). She also collected Swarovski crystals and Waterford crystal snowflakes and anything with cardinals on it.

Did you know April was an expert marksman? A longtime Army buddy of Bob's shared this story. Of the many, many talents April had, she was a former Match shooter. Her dad had bought her one of those fancy-schmancy custom-stock Match rifles. With it, during college, April could outshoot everyone on the ROTC rifle team!

April also loved traveling. She traveled all over the world conducting trainings and consulting. She and Bob always spent some extra time wherever she went. They visited China, France, Germany, Japan, Scandinavia, Singapore, the United Kingdom, and other wonderful places. Her favorite place was Australia. April and Bob spent five weeks seeing everything there was to see with stops along the way to train various organizations.

April never missed a chance to acknowledge the smallest contribution from others. Colleagues were frequently surprised to find themselves named as authors of one of her valued references. It was part and parcel of her boundless generosity. Despite being a world authority, April was never pompous and responded to compliments by doubling down on sharing.

Her last efforts were directed toward completing her Volume III CASEBook. She never gave up the fight against cancer. Characteristically, she left it to all of us to define her legacy. We are so very grateful for the privilege of calling ourselves her friend.

Memorial donations can be made to the NCRA Education Foundation. The family is working with NCRA to create a scholarship or educational program in April's name with details to be announced at the NCRA Annual Educational Conference in May. Checks with “April Fritz Memorial” in the memo line may be sent to the NCRA Educational Fund, 1330 Braddock Place, Suite 520, Alexandria, VA 22314, or you may electronically donate in April’s memory at https://tinyurl.com/April-Fritz-Memorial. Be sure to type April's name in the “in memory of” block.

April's life and contributions will be celebrated at NCRA's upcoming Annual Education Conference in New Orleans. More details will be posted when confirmed.
Each year the NCRA president consults with the NCRA staff about their functional areas of expertise to develop and implement presidential charges or activities that help NCRA move forward and support the Strategic Management Plan. The NCRA volunteer leadership (committees, liaisons, and task forces) help carry out these charges. The presidential charges for 2017–2018 are noted below.

**AWARDS COMMITTEE**

- Collaborate with the Mentoring Committee to encourage awards applicants under the Volunteer Excellence (in Mentoring) category.
- Create a targeted promotional message to encourage awards applicants under the Volunteer Excellence (in Mentoring) category.
- Review and recommend edits for repackaging the nomination submission form to include the cover page and the awards introduction text. Provide recommendations of content and example of graphics to work through the Communications Department to update the awards nomination application.
- Clarify criteria for award considerations under the educational achievements relating to cancer registrar education and training.

**COUNCIL ON CERTIFICATION**

- Resolve certification provisions within NCRA’s code of ethics.
- Form a committee of Council and NCRA Finance Committee members to engage a consulting firm in a business impact study of the Council’s Exam Restructuring Proposal.

**EDUCATION COMMITTEE**

- Develop a series of webinars for the fall of 2017 to address the AJCC 8th Edition Staging Rules.
- Continue to further develop and update the NCRA Online CTR Exam Prep webinar series to reflect the changes to the CTR exam.
- Recruit representatives from pharma companies to present complimentary webinars on cancer treatment and therapies and to speak at the NCRA annual conference.

**ADVANCED EDUCATION SUBCOMMITTEE OF THE EDUCATION COMMITTEE**

- Work with pharma vendors to present complimentary webinars (2).
- Collaborate with the Independent Clinical Advisors (ICA) subgroup to develop an online program for educating on HIPAA to fulfill the requirement for the clinical practicum.

**FORMAL EDUCATION COMMITTEE**

- Further develop the Independent Clinical Advisor program and enroll advisors to begin implementation of the program. Work with like committees to develop virtual products and services to be utilized by the ICA program.

**FEPRC COMMITTEE**

- Based on the ongoing clinical practicum research of the Formal Education Committee, report adopted recommendations to the Board on expanded methods and opportunities for students meeting the 160-hour clinical practicum.
- Update the NCRA Accreditation Guide.
- Update/revise the Clinical Practicum Guide to reflect the changes in the clinical practicum requirements due to the committee’s acceptance of some virtual activities. Recruit more affiliated partners’ clinical sites.

**GPEC**

- Draft a plan to secure SMP development services to include a draft RFP for SMP vendor services, a list of potential vendors, and a timeline for completion of a new SMP for 2019–2023 by the fall 2017 Board meeting. Once approved, implement the plan.

**INFORMATICS COMMITTEE**

- Develop education (i.e. webinar, conference session) that will enhance a CTR’s knowledge of informatics based on feedback received from focus groups and workshop evaluation.
- Continue to engage members through social media activities that will help to foster discussions about and educate NCRA members on the topic of cancer informatics. This should include monthly NCRA Facebook page postings by the informatics committee.

**JOURNAL OF REGISTRY MANAGEMENT**

- Work with the Medical Registries Task Force to further expand opportunity for additional JRM content.

*Continued on page 6*
Determine the feasibility of finding a consultant to research expected deliverables and costs on the current JRM readership and usage.

Assess current annual JRM subscription price and make a recommendation.

**MEMBERSHIP COMMITTEE**

Based on membership priorities, consider and propose potential new member affinity program(s). Research best practices and recommend a policy and process to the Board for recruiting volunteer committee members for existing NCRA committees.

Complete the review of the Member Needs Assessment Survey and develop a recommendation report to the Board.

**MENTORING COMMITTEE**

Continue to recruit mentors. Schedule at least one complimentary webinar on a topic to enhance the abilities and effectiveness of NCRA mentors.

**NATIONAL CANCER REGISTRARS WEEK**

Continue to review other organizations that celebrate a recognition week for ideas on event promotion and member involvement.

The NCRW Committee will continue to enhance the marketing plan to promote NCRW activities, including coordination with the Social Media Committee to build a more robust social media presence. Add new options on ways to celebrate that were noted in the 2017 survey.

Include NCRW outreach to members of Congress.

**NOMINATING COMMITTEE**

Publish a condensed version of the biographical information and position statements of the candidates nominated for each position for review by members two weeks prior to launch of election.

Research new ways to increase interest related to candidacy for an elected position (such as highlighting Board, Council, and Nominating positions together as well as individually).

Implement a deadline for completion of the candidates’ evaluation form for receipt by the Executive Office prior to the start of the fall meeting.

**IMMEDIATE PAST PRESIDENT**

Research best practices in association committee member term limits and make recommendations to the Board. If NCRA should adopt a term limits policy, define the parameters of such a policy.

**POLICY & PROCEDURE COMMITTEE**

Develop an annual summary document of all P&Ps that have been reviewed and changed, or are new. This should be submitted with the spring Board report for the previous calendar year.

Create a working document/spreadsheet that is shared between committee and NCRA staff liaison that outlines P&Ps scheduled for review, both completed and pending. This will provide a basis for follow-up and tracking for the annual summary.

**PROGRAM RECOGNITION COMMITTEE**

Compose an article for *The Connection* around problematic issues identified in CE applications to improve future applicant content.

Identify educational activities that meet the new Category A requirement to assist CTRs who are looking for education that meets this requirement.

**SOCIAL MEDIA COMMITTEE**

Review and revise the current NCRA Social Media Plan.

Work more closely with the NCRW Committee to develop an NCRW-specific plan of action.

**THE CONNECTION**

Coordinate with the Social Media Committee to provide article teasers on social media platforms to increase readership of the newsletter.

Review and develop 2–3 strategies related to the 2017 readership results conducted at the 2017 Annual Educational Conference.

Discuss feasibility of the development and issuance of a Request for Proposals for a graphic design firm for the publication.

**WEBSITE COMMITTEE**

Review and provide feedback to help streamline NCRA’s professional association website to provide clear and concise information to current membership base and those interested in cancer registry work.

Work with the Medical Registries Task Force to consider approaches for including new information/content on the other types of registries (trauma, pediatric, etc.) on the website. Serve as beta testers of the new website.

**ALL BOARD POSITIONS**

Complete Committee Leader Evaluation per policy.

Within two weeks of the fall and winter Board meetings, communicate to committee leaders on disposition of any motions that were brought forward regarding their committee or any to-do list items relevant to their committee.

**ALL VOLUNTEER LEADER POSITIONS**

Look at some of your deliverables for the year and come up with 2–3 measurable objectives for your work to be presented in the fall Board report. At year’s end, you will be asked to report on those objectives.
NCRA Call for Awards: Leading by Example

BARBARA DEARMON, BS, CTR | PRESIDENT, NCRA

NCRA acknowledges member achievements through its annual awards program. Established in 1987, the program honors members’ contributions to the organization and the cancer registry field. NCRA celebrates outstanding dedication to the cancer registry profession through its NCRA Distinguished Member Award, Educational Achievement Award, Literary Award, Outstanding New Professional Award, and the Volunteer Excellence Award, which incorporates a mentorship component.

The details on the next nomination process will be posted to the NCRA website in October. Please take time to recognize your peers and colleagues in the cancer registry profession and nominate them in one of the five awards categories. The website will include instructions on qualifications for each award category and the nomination process. Successful recipients go above and beyond, giving up their spare time to enhance the profession. Being acknowledged for an award from your national professional organization is not only an honor, but also recognition of one’s time and dedication. Past recipients can attest that the awards provide a well-earned sense of accomplishment. You can find a list of past NCRA award recipients at www.ncra-usa.org/awards.

Award nominations are submitted to the NCRA office, where they are sorted by category and sent to the Awards Committee. The committee reviews all documentation provided with each nomination using a “criteria scoring form” to ensure objectivity. The scoring form assigns points for how well the candidate meets each criterion. The committee totals the results and nominees with the highest score for each type of award are selected.

It is up to the membership to help deserving members be recognized for their hard work and contribution to the profession, so please consider nominating a worthy colleague. As noted above, details will be posted on the website (www.ncra-usa.org/awards) in October. The deadline for nominations is January 31, 2018.

Get Ready
for the AJCC Cancer Staging Manual
8th Edition
www.ncra-usa.org/casestudies

Cancer Case Studies
A Workbook to Practice Assigning AJCC TNM Stage Using the AJCC Cancer Staging Manual Eighth Edition

50 CASES! ANSWERS AND RATIONALES PROVIDED
Misty Sonnenberg, the junior treasurer, and I are responsible for monitoring NCRA's budget, expenses, and investment account. We work with the accountant, executive office, auditing firm, and legal representatives to meet the needs of the organization.

The Finance Committee consists of Misty and myself, along with Barbara Dearmon, NCRA president; Linda Corrigan, immediate past president; and Janet Reynolds, president-elect/secretary. The committee is structured this way to ensure continuity from one year to the next. We meet three times a year in-person and occasionally have conference calls in preparation for the in-person meetings.

Other members of the finance team are Lori Swain, NCRA's executive director; Merrill Lynch/BlackRock, NCRA's investment firm; Buchanan & Mitchell, P.C, auditors; and Morgan, Lewis & Bockius, legal counsel.

NCRA takes a conservative investment approach. The asset allocation goals are set by the Board. As of the latest BlackRock Investment Report, NCRA's asset allocations are cash at 20%, equities at 25%, and fixed-income at 55%.

The Finance Committee works with the Board of Directors to identify a multiyear reinvestment plan to continue building on the association's reserves and manage the financial matters of the organization to ensure NCRA remains financially sound.
Many are struggling with the survivorship care plan (SCP) standard for both the Commission on Cancer (CoC) accreditation and the National Accreditation Program for Breast Centers (NAPBC) accreditation. The survivorship care plan is designed to assist with the coordination of care between specialties and primary care providers. The goal is to ensure that all of the survivor’s health needs are met.

The requirement of the NAPBC is to develop and implement a process to generate and disseminate an SCP to eligible cancer patients who have completed cancer treatment. The SCP process must also be monitored, evaluated, and presented to the leadership team annually.

One difference between the NAPBC and the CoC on this standard is the patient eligibility. Who is eligible?

Under the NAPBC, eligible patients include all breast cancer patients treated curatively for Stage 0, I, II, and III breast cancers. The CoC does not include Stage 0 in its patient eligibility.

When should you provide the SCP to the patient? Under NAPBC requirements, it is within a year of diagnosis and no later than six months after completion of active therapy. If Herceptin is given as first-course treatment, then the SCP is provided within 18 months of diagnosis.

Who can provide the SCP under the NAPBC requirements?

Any healthcare provider who participated in the coordination of the patient’s treatment can provide a written SCP to the patient. The provider must discuss the SCP with the patient and record the SCP in the medical record. As appropriate, they should also share the SCP with other providers involved in the patient’s care.

Many of you may not be aware of the change to the requirements on SCPs that involves the percentage required each year. This has been revised. The new phase-in timeline and minimum number of SCPs required annually are as follows:

- **2015—50% of eligible survivors**
- **2016 and beyond—100% of eligible survivors**
- **2017—Harmonize with the Commission on Cancer requirements**

Now that you better understand the requirements of Standard 2.20, we can discuss the process of disseminating the SCP. When the patient completes active treatment, you will identify the eligible survivor and schedule an appointment to provide an SCP.

At this time, the provider should prepare the written SCP. At the time of the appointment, the provider will discuss the written SCP with the patient and transition the patient to survivorship care. Hereafter, the patient continues regular survivorship care.

The tracking mechanism for SCPs should contain the following items:

1. **The number of eligible patients. (All Stage 0, I, II, and III curatively treated.)**
2. **The number of patients who refused the SCP visit.**
3. **The number of patients who were “no shows.”**
4. **The number of eligible patients who have received SCPs.**

You will then calculate the percentage based on these figures. For the year 2017, it must be at 50% or greater. In 2018, you will have to achieve 75% or greater. If more than one facility is involved in providing first-course treatment to the patient, the facility that will be providing the follow-up and monitoring of the patient’s care should provide the SCP. However, all facilities involved in the patient’s care should work together in providing all treatment information necessary to complete the required elements of the SCP.

In the ever-changing climate of healthcare, we are faced with many challenges. Providing survivorship care plans to the cancer survivor has proved to be one of those challenges. However, one cannot compare that to the challenge that the patient faces when told “you have cancer.” Hopefully, we find the same resilience as the cancer patient as we work to meet the requirement that helps ensure their health needs are met.
SELECTED HIGHLIGHTS FROM THE FIRST DAY:

- The International Cancer Benchmarking Program includes nations with universal health care. Registry data from these countries are used to investigate differences in the cancer experience of patients. For instance, international survival data comparisons allow for some insights into potential differences in diagnosis and treatment across countries; further plans will link registries to other databases to explain the differences in survival among similar jurisdictions.

- For the first time, representatives from the National Cancer Research Institute of Mexico attended and presented at a NAACCR meeting. This session described the efforts of the Ministry of Health, working with the International Agency for Research on Cancer (IARC), to organize population-based cancer registries in Mexico. As a result, the city of Merida has established a registry and one is planned for Guadalajara. Recently, the Mexican Congress and Senate approved a law for the creation of a national population-based cancer registry.

- In his session, “International Collaborations in Cancer Research,” Dr. Michel Coleman discussed advances that have resulted from international collaborations—e.g., classifications of topography, morphology, behavior, and stage at diagnosis. In addition, the collaborations have enhanced clinical guidelines for cancer treatment and public health guidelines for cancer control.

- Concurrent sessions covered a large variety of topics, including data linkages, specific cancer sites, meaningful use, electronic records, and survival study results from different populations.

SELECTED HIGHLIGHTS FROM THE SECOND DAY:

- The session “Advances in Integrating Health Claims Data into Cancer Registration Data Systems” discussed the advances in using other databases to enhance and update cancer registry data. Crosswalks have been developed for all codes (CPS, HPCTs) in the claims database to link to ICD-0-3 codes in the central cancer registry. Claims data abstracts can be added to the cancer registry after following back to the physician. The claims data are imported and then converted to ICD-0-3 to match with registry data. The matches use MP/H rules to target new data that was identified in the claims data. Registrars can see the claims data and add it to the cancer registry. Claims data includes diagnosis, procedures and dates, and transfer of care information. It also identifies exact drugs and dates as well as subsequent treatment. One state estimates that it may be able to add 35,000 cases from the claims database.

- NCI SEER and the Department of Energy from the Los Alamos National Laboratory are working on a pilot project to engineer and evaluate hardware infrastructure and machine-learning technology to automate tasks that were previously possible only with trained human labor. This project plans to use computing to automatically extract features from text like ePath reports. To enable this extraction of knowledge elements, the project has started training machine learning algorithms on existing SEER data using the supercomputers at the DOE complex. The goal is to allow machine-assisted manual extraction, which in turn will allow humans to focus on areas where the machine is uncertain. New frontiers indeed!

- The varied concurrent sessions included discussions on cancer reporting strategies, tools and analysis, epidemiologic studies, data transmissions, and improving treatment data.

SELECTED HIGHLIGHTS FROM THE LAST DAY:

- A case for adding genomic data collection in cancer surveillance was presented. A Genelink Demonstration Study (2013–2015) of breast and ovarian cancers will be used to develop a strategy to integrate genomics into SEER cancer registries. Results of this study linked 27% of breast cancer and ovarian patients’ genomic panel tests to cancer registry data. Also found in the genomic panels were variants of “unknown significance.” The clinical significance of these variants are unknown at this time. Genomic data added to cancer registry data may identify the role of genes in risk and incidence, cancer treatments for best results, and the impact on survival. Genomic data integrated with population cancer data would greatly advance our knowledge—it is only available now at clinical sites or from clinical settings of only one institution.

- International Classification of Diseases-11 and its relationship to ICD-0-4 was discussed. It was noted that ICD-10 is already both outdated medically and from a classification standpoint, and that it was not really developed to operate in an electronic environment. ICD-11 incorporates advances in medicine and uses a simplified code structure with extension codes and anatomic details.
with a clustering of codes. Where possible, it has structural consistency with ICD-10. Release is scheduled for early 2018 but it may take four to five years to implement in the US. ICD-O-4 is consistent with ICD-11 and will also include anatomic detail, histology, grade, and stage. The Neoplasm Topic Advisory Group recommended that the electronic environment, including flexibility, be considered in response to medical needs. Work on ICD-O-4 is to begin in late 2017.

- SEER registries are evolving to meet the needs of cancer research from a surveillance perspective through various linkages that will enhance and expand registry data. A few of the discussed linkages included pharmacy linkages to gather oral chemotherapy; claims data with Medicare and private insurance companies to capture recurrence data and other difficult-to-collect data items; and genomics data from companies like Genome DX.

- Concurrent sessions were varied and covered topics such as data quality, natural language processing, GIS mapping, and small area analysis and cancer-specific sites.

Like last year, this year’s conference included new uses of registry data, new linkages, and the growing need to enhance and expand registry data to support cancer research and impact outcomes.

The Professional Value of the Cancer Registrar and the Perspective of Organizational Leaders

NADINE R. WALKER, MS, CTR | NCRA RECRUITMENT & RETENTION BOARD DIRECTOR

When I thought about what I could bring to the role of Recruitment & Retention Director for NCRA, I wanted to focus some of my energy on evaluating and strengthening how cancer registrars are valued at their respective institutions by executives and organizational leaders. In my view, there has never been any doubt about the value that cancer registrars bring to whatever role we occupy. I believe that organizational leaders who understand the cancer program know that the cancer registry is the nucleus. They understand that the cancer registrar is in the front seat, directing, driving, and moving along all things related to the cancer program; it all starts and ends with the cancer registry.

Regardless of their official job title, cancer registrars are some of the most important team members in health care. This positive perspective doesn’t mean that I’ve never felt discouraged. I’m very aware that there are many instances when cancer registrars have been disregarded and not seen as important members of the team.

It can be frustrating for cancer registrars to not feel valued or appreciated by their organization. Often, they are pulled into assignments outside of their job duties and area of responsibility. The skills and talents of the cancer registrar many times transcend typical core registry activities, and can require the registrar to be the glue that holds a program together administratively. Further, facility leaders may not be aware of the many pressures that a registrar faces on a regular basis—the nonstop deadlines, audits, and reporting—and, thus, may not place enough value on the position. This view is likely the result of the historic misrepresentation of the cancer registrar as a clerical worker. It can also be attributed to the levels of disconnect that often exist in large organizations that cross facility and geographic boundaries. The importance of the cancer registrar has not diminished but, in fact, has grown over time, in spite of not having the appropriate title categorization with regard to the Bureau of Labor Statistics Standard Occupational Classification (SOC) system.

NCRA has been actively working to get the SOC reevaluated to encompass a more specific and accurate classification for the cancer registry profession. This is important so that facilities and their human resource departments appropriately assign responsibilities and salary ranges to cancer registry positions. The SOC process has spanned several years, but NCRA remains committed to the task. The mission is twofold. In addition to moving forward the work with the NCRA Board of Directors and NCRA’s advocacy liaison with regards to the SOC, I would like to look into ways to take the pulse of facility executives and organizational leaders to get a clearer picture of how they view and value the cancer registrar. Let’s not rely on our perception of how we believe we are seen and valued; let’s get a firsthand view starting at the top and help these decision makers and leaders understand why it’s so necessary to elevate and support the CTR professional.
We all know that time flies when we're having fun, and time seems to go by faster as we get older. I don't know about you, but I prefer the former over the latter. With that said, next year’s conference will be here before we know it! NCRA will hold its 44th Annual Educational Conference May 20–23, 2018, in New Orleans.

The theme is *Big Ideas in the Big Easy: Innovation through Education and Networking*. The conference will be held at the Sheraton New Orleans Hotel. The Program Committee met in early October to review the submissions and develop the program schedule. There were many great topics submitted and we thank everyone who took the time to participate in the call for abstracts. The conference program and registration details will be posted on the NCRA website in early January. The registration brochure will also be mailed to members the first week of January.

Mark your calendars and get ready to bring your big ideas to the Big Easy! We’re looking forward to seeing you in New Orleans, a city celebrated for its vibrant nightlife, live music, French cuisine, and festive spirit. For conference updates, please visit [www.ncra-usa.org/conference](http://www.ncra-usa.org/conference).

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**NCRA 2018 Annual Educational Conference Update**

**LEAH KIESOW, MBA, CTR | CHAIR, NCRA 2018 PROGRAM COMMITTEE**

The theme is *Big Ideas in the Big Easy: Innovation through Education and Networking*. The conference will be held at the Sheraton New Orleans Hotel. The Program Committee met in early October to review the submissions and develop the program schedule. There were many great topics submitted and we thank everyone who took the time to participate in the call for abstracts. The conference program and registration details will be posted on the NCRA website in early January. The registration brochure will also be mailed to members the first week of January.

**2018 PROGRAM COMMITTEE MEMBERS**
Leah Kiesow, MBA, CTR (Chair)  
Sara L. Biese, RHIT, CTR  
Mary Lewis, CTR  
Linda Mulvihill, CTR  
Brigitte D. Shows, CTR  
Veronica Shrode, AA, CTR

Mark your calendars and get ready to bring your big ideas to the Big Easy! We’re looking forward to seeing you in New Orleans, a city celebrated for its vibrant nightlife, live music, French cuisine, and festive spirit. For conference updates, please visit [www.ncra-usa.org/conference](http://www.ncra-usa.org/conference).
Need CEs by December 31, 2017?

NCRA IS YOUR RESOURCE

**LIVE WEBINARS**


**Eighth Edition Staging: Prostate**
November 2, 2017; 2:00 pm ET
Jim C. Hu, MD, MPH, Director of the LeFrak Center for Robotic Surgery, Weill Cornell Medicine, New York Presbyterian/Cornell University, New York, NY

**Eighth Edition Staging: Breast**
November 29, 2017; 2:00 pm ET
Melissa Camp, MD, MPH, Assistant Professor of Surgery, Johns Hopkins Hospital, Baltimore, MD

**Eighth Edition Staging: Neuroendocrine Tumors**
December 6, 2017; 2:00 pm ET
Aatur Singhi, MD, PhD, PhD, Assistant Professor, Department of Pathology - Division of Anatomic Pathology, University of Pittsburgh, Pittsburgh, PA

**Eighth Edition Staging: Pancreas**
December 13, 2017; 1:00 pm ET
Gulam Manji, MD, PhD, Assistant Professor of Medicine, Columbia University Medical Center, New York, NY

**NCRA’S CCRE OFFERS CES ANY TIME: DAY OR NIGHT!**

The Center for Cancer Registry Education (CCRE) offers a variety of ways to earn CEs on a schedule that works for you!

**Learning Modules**
Learning modules are archived webinars. Earn one CE per module. Member price is $50; non-member price is $75. Go to: www.CancerRegistryEducation.org/learning-modules

**Journal of Registry Management Quizzes**
Read the JRM article and take the corresponding quiz. Earn one CE per quiz. Member price is $25; non-member price is $35. Go to: www.CancerRegistryEducation.org/jrm-quizzes

**Informational Abstract Quizzes**
Read the informational abstract and take the corresponding quiz. Earn one CE per quiz. Member price is $25; non-member price is $35. Go to: www.CancerRegistryEducation.org/other-ce-opps

**USB DRIVES AND DVDS**

**NCRA 2017 Encore Sessions USB; Earn Over 30 CEs**
View lectures of digitally captured video and audio from NCRA’s 2017 Annual Educational Conference. Virtually attend the session by listening to the presenter and viewing the corresponding slides. Complete the viewing certificate to earn over 30 CEs. (Additional CE fees required.) Price is $125. Buy today at www.ncra-usa.org/USB.

**Informatics Workshop DVD; Earn 4+ CEs**
The DVD of NCRA’s one-day workshop -- Cancer Informatics for Registrars: From Bedside to Big Data -- provides detailed information on cancer registry informatics. Earn a total of 4.25 CE credits by viewing the DVD and completing the viewing certificate. (Additional CE fees required.) Member price: $50; non-member price: $75. Go to www.ncra-usa.org/informaticsDVD.
NCRA’s Council on Certification recently finalized a role delineation study of the cancer registry profession. The Council worked with PSI (our current testing vendor) to administer this scientific study to detail the significant tasks and knowledge areas of current practice in the cancer registry profession. A role delineation study is an essential component of any credentialing program and recommended by National Commission for Certifying Agencies (NCCA) standards. Survey results are used to validate the content of a credentialing exam and to ensure it accurately reflects current practice in the profession.

The results of the 2017 study yielded a set of recommendations that the Council will implement in 2018, including updating the exam content outline and weighting, plus reducing the number of exam items. The most significant changes are 1) the reduction of items from 225 to 180 and 2) more emphasis on open-book items—from 20% to 35%. The Council plans to conduct further research to determine the feasibility of offering supplementary certifications for the profession.

The role delineation study was performed under the guidance of a nine-member Advisory Committee comprising representation from different corners of the cancer registry field. The group met in Kansas City, MO in January 2017 to draft the survey, which was disseminated in April.

Nearly 1,200 completed the entire survey with more completing a portion of the survey. Representation was seen from all 50 US States, DC, Puerto Rico, and 7 Canadian provinces.

Based on their analysis of the results over the summer, the Advisory Committee developed a recommended set of updated test specifications for the CTR examination. The new specifications allocate specific percentages of test questions across seven major domains of practice. New exam specifications include the surveyed tasks and knowledge areas that met a reasonable threshold.

### NEW SPECIFICATIONS FOR THE 2018 CTR EXAM

<table>
<thead>
<tr>
<th>Domain</th>
<th>Closed</th>
<th>Open-book</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Case Finding</td>
<td>6</td>
<td>12</td>
<td>10%</td>
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<tr>
<td>2. Abstracting/Coding</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>a. Staging</td>
<td>20</td>
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<td>35%</td>
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<tr>
<td>b. Treatment</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c. Case Validation and Finalization</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3. Follow-Up</td>
<td>13</td>
<td>5</td>
<td>10%</td>
</tr>
<tr>
<td>4. Data Quality Assurance</td>
<td>27</td>
<td></td>
<td>15%</td>
</tr>
<tr>
<td>5. Analysis and Data Usage</td>
<td>18</td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>6. Registry Organization &amp; Operations</td>
<td>18</td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>7. Cancer Program Accreditations</td>
<td>18</td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td><strong>Closed-book Items</strong></td>
<td>120</td>
<td></td>
<td>67%</td>
</tr>
<tr>
<td><strong>Open-book Items</strong></td>
<td>60</td>
<td></td>
<td>33%</td>
</tr>
</tbody>
</table>

Funding for NCRA’s role delineation project was made possible in part by the Centers for Disease Control and Prevention (US58-DP11-1108).
NEW SPECIFICATIONS FOR THE 2018 CTR EXAM

Exam Content Outline

<table>
<thead>
<tr>
<th>Category</th>
<th>Items</th>
<th>Weight</th>
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</thead>
<tbody>
<tr>
<td>Case Finding</td>
<td>6</td>
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</tr>
<tr>
<td>Cancer Program Accreditations</td>
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<td>10</td>
</tr>
</tbody>
</table>

Closed-book Items 120 67%
Open-book Items 60 33%

Funding for NCRA's role delineation project was made possible in part by the Centers for Disease Control and Prevention (US58-DP11-1108).

FORMAL EDUCATION PROGRAM REVIEW COMMITTEE
Heidi Noell, RHIT, CTR, Chair
Sharmen Dye, CTR, Board Liaison
Susan Artin-Daniel, CTR
Cynthia Carlisle, RHIT, CTR

The NCRA Formal Education Program Review Committee (FEPRC) is responsible for reviewing the applications received from Cancer Registry Management/Cancer Information Management programs that wish to become NCRA accredited. The FEPRC has been accrediting cancer registry management programs for over 20 years and has seen the field grow from a paper-based data collection system into a high-tech industry requiring more critical thinking skills and competencies in technology and data analysis.

NCRA accreditation guarantees that students completing these programs will meet the requirements to apply for the CTR exam. This year, the committee approved the accreditation for Cuyahoga Community College’s Cancer Registrar Post-Degree Certificate Program. Cuyahoga joins other institutions that envision a successful future for the cancer registry field and support students who wish to join this dynamic profession.

NCRA-ACCREDITED PROGRAMS INCLUDE:
- American Health Information Management Association (AHIMA), Chicago, IL; Cancer Registry Management Certificate Program. Online, self-directed.
- Cuyahoga Community College, Cleveland, OH; Cancer Registrar Post-Degree Certificate Program. Blended learning.
- Davidson County Community College, Thomasville, NC; Cancer Information Management, Associate in Applied Science Degree. Online.
- Ferris State University, Grand Rapids, MI; Cancer Information Management Certificate Program. Online.
- San Jacinto College North, Pasadena, TX; Associate of Applied Science Degree in Cancer Data Management and Advanced Certificate of Technology in Cancer Data Management. Online.
- Santa Barbara City College, Santa Barbara, CA; Associate Degree in Cancer Information Management and Certificate in Cancer Data Management. Online.
- Scott Community College, Davenport, IA; Cancer Information Management Associate in Applied Science and Cancer Information Management Advanced Certificate. Online.
- Southwest Wisconsin Technical College, Fennimore, WI; Associate Degree in Cancer Information Management. Online.

The cancer registry field is expanding. As a result, the committee expects to receive more applications for accreditation in the future. If you are associated with an educational institution that is interested in starting a cancer registry management program or creating a cancer registry management track within a health information management program, contact Mary Maul at mmaul@ncra-usa.org or (703) 299-6640 ext. 314.
The Formal Education Committee is delighted to welcome two new members: Tracy DiCalogero, CTR, from Kernersville, North Carolina, and Stacy Yates, CTR, from Hamilton, New Jersey. Both are new to national committee experience, and we are excited that they chose the Formal Education Committee as their introduction to NCRA leadership.

The Formal Education Committee works with institutions to develop cancer registry programs that will become NCRA-accredited formal education programs. New to the growing list of NCRA-accredited programs is Cuyahoga Community College in Cleveland, Ohio. Cuyahoga has just launched an innovative cancer registry program in a blended-learning format. Under the direction of Kathy Loflin, RHIA, and Shirley Jordan-Seay, PhD, CTR, the Cancer Registrar Post-Degree Certificate Program is on its way to educating cancer registrars and preparing them for the CTR exam.

We would also like to welcome new affiliated partners for clinical practicum students:

The Saint Francis Cancer Center in Tulsa and the University of Utah Medical Center, Huntsman in Salt Lake City have officially partnered with NCRA to welcome student interns in their cancer registries to complete clinical practicum activities and prepare for the CTR exam. We appreciate Saint Francis’ and the Utah Medical Center’s support of future CTRs!

The Formal Education Committee is continuing to work with the Education and Mentoring Committees to further the goals of the its presidential charges for 2017–2018. The main charge is to develop a program of Independent Clinical Advisors (ICAs) who will work virtually with students to complete some of the practicum requirements. To date, a core group of ICAs is working with students on abstracting tasks through the SEER*Educate website and case finding activities through the Cyber Cancer Registry on the CDC website. The committee has also approved an online HIPAA course to meet the requirements of another clinical activity. All told, it is looking to be a busy and productive year!
The NCRA Program Recognition Committee has been tasked with identifying Category A education in all program recognition applications submitted for continuing education (CE) hours. To assist those seeking approval for their educational programming, the committee would like to provide guidance on how to write learning objectives that meet the Category A requirement.

Category A education addresses directly assigned stage and/or site-specific coding principles. The goal of these defined educational activities is to improve the registrar’s ability to abstract the specific data items related to staging and site-specific data items accurately. There are two criteria to keep in mind when preparing objectives to meet Category A requirements. Does the objective address staging and/or site-specific coding and can it be measured?

The committee recommends a two-step process. The first step is to understand the types of activities that address staging and/or site-specific coding.

**EXAMPLES:**
- Use case histories and information within those histories to identify the information needed to assign AJCC Stage or SEER Summary Stage. The presenter can outline the process and demonstrate how to assess accuracy.
- Instruct a group on the rules related to staging a site using either AJCC rules or Summary Staging rules.
- Present on a cancer site and describe how the information is used to stage. This will help the registrar learn how to use data to arrive at the appropriate stage. It will also assist the registrar in conducting a self-assessment and to identify mistakes, so they can use the information to correct inaccuracies or misconceptions regarding stage assignment.
- Analyze state data and coding errors and provide an explanation to participants on why the data are incorrect and discuss rules that may have been overlooked and tools to help avoid the specific type of errors.
- Present a session that describes the rules and how to code the site-specific data items for breast cancer.

The second step is detailing how participants will demonstrate knowledge—i.e., how understanding will be measured. We can measure if a person can state, describe, demonstrate, articulate, analyze, compare, differentiate, or discuss the subject matter. The Program Recognition Committee recommends you lead your objective statements with an active and measurable term.

**EXAMPLES:**
- Demonstrate assigning AJCC stage using case histories.
- Describe information needed to assign SEER Summary Stage.
- Analyze the changes from AJCC 7th edition to AJCC 8th edition.
- Discuss the rules for staging using AJCC 8th edition staging manual.
- Discuss site-specific coding errors and strategies to prevent them.
- Analyze key site-specific errors in state data related to various cancer sites.
- Utilize case histories to correctly assign AJCC Stage and Summary Stage.
- Compare and contrast the changes from AJCC 7th edition to AJCC 8th edition.
- Verbalize rules related to assigning prostate cancers site-specific data items.
- Discuss the rules for coding prostate site-specific data items.

The Program Recognition Committee hopes this information assists you with writing objectives that clearly state what participants will be able to accomplish after attending your educational program and allow them to know that the session they have attended meets the Category A requirement.
The committee’s presidential charges include reviewing and revising the current NCRA Social Media Plan and working more closely with the NCRW Committee to develop an NCRW-specific plan of action. To address its first presidential charge, the committee has reviewed the Social Media Plan and maintained the key elements of it, including:

- Build brand awareness and promote the cancer registry profession through interactions with members, prospective members, and the public via various social media channels.
- Develop and implement a well-structured plan to help improve NCRA's reputation as the premier education, credentialing, and advocacy resource for cancer registry professionals. This would increase NCRA's global reach related to the association and cancer registry issues.
- Increase relevant visitor traffic and page rankings on social media platforms using social media tactics.

Regarding the second presidential charge to develop a more in-depth social media plan for NCRW, the two committees will work together this fall and winter to create and implement such a plan. It should be noted that three NCRA committees—NCRW, The Connection, and Social Media—all have presidential charges related to social media. To coordinate efforts, a joint call with the chairs of these committees, along with Donna Lanphear, Board liaison, is scheduled for October. The focus of the call will be to identify opportunities to work together and to coordinate social media efforts.

Over the last two 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 next phase is to seek ways to encourage members to post more registry best practices stories and cancer research publications with an emphasis on studies utilizing cancer registry data. The committee also wants to use social media platforms to acknowledge new CTRs and promote the credential. NCRA staff is 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.

There are over 2,400 members on NCRA's Facebook Member Group page. If you have not joined, please do so. It is a great way to communicate with your colleagues and learn about what is happening in the cancer registry community.
Registrars in Action

NPCR Program: New Jersey State Cancer Registry and Rutgers Cancer Institute of New Jersey

Initiative: Helping Hospitals Improve Follow-Up Rate

Summary: In 2015, the New Jersey State Cancer Registry (NJSCR) began providing follow-up reports to New Jersey hospitals in order to assist cancer registries with maintaining current and accurate follow-up data. These reports contain the most up-to-date vital status available to the NJSCR through linkages with various state and federal databases. The reports are designed to be imported into hospital cancer registry databases in order to reduce or eliminate the need for manual data entry of follow-up information.

Challenge: There are 46 Commission on Cancer (CoC) accredited cancer programs in New Jersey. CoC accreditation requires that cancer programs maintain current, lifelong follow-up, including date of last contact and vital status, on 90% of patients diagnosed in the past five years and on 80% of patients diagnosed since the program’s reference date. The effort required to meet this standard often places a significant burden on the already overburdened staffing and financial resources of hospital-based cancer registries. Additionally, the New Jersey State Department of Health required strict compliance to maintain confidentiality of patient and provider information, especially when sharing central registry data with hospitals.

Solution: NJSCR conducts data linkages with several state and federal databases in order to obtain follow-up and vital status information on all cancer diagnoses in New Jersey. As a result, follow-up rates in the NJSCR database are consistently high. Staff at NJSCR worked closely with information technology staff from Rutgers Cancer Institute of New Jersey, SEER*DMS database administrators, and Information Management Services (IMS), to develop a clear and efficient process for providing follow-up data back to reporting hospitals.

New Jersey hospitals may request follow-up information on their patients twice each calendar year, in June and December. An additional report may be requested by hospitals undergoing a CoC accreditation survey.

For each request, NJSCR prepares an extract from the SEER*DMS database of updated date of last contact and vital status. Data are shared only on cases submitted by the requesting hospital. Selection of hospital-specific cases is conducted using the Reporting Facility variable in SEER*DMS. The resulting dataset is provided in standard NAACCR format via secure file transfer protocol (SFTP). Once downloaded, the file can be imported into the hospital cancer registry database. Registrars are instructed to work with their registry software vendor and internal information technology department to establish procedures for automatic importing, matching, and updating within the registry database. The NJCSR relied on hospitals to submit complete, timely, and high-quality cancer registry data. By providing follow-up information back to the reporting facility, NJSCR helps hospital cancer registries make more efficient use of time and resources by shifting some of the burden of manual follow-up activities to an automated process.

Results: To date, 57 follow-up reports have been provided in response to requests from hospitals. Feedback from hospitals has been positive, with an 11%–16% increase in cases for the CoC reference year and a 7%–15% increase in the five-year follow-up rates.

Sustaining Success: The NJSCR Hospital Follow-Up Report Project represented the first attempt by NJSCR to share files with reporting hospitals electronically via secure file transfer protocol (SFTP). NJSCR plans to increase requests for the report by ensuring all CoC-accredited cancer programs in the state are aware of this service. NJSCR has reached out to registrars at state cancer registrar association meetings, via email list serve, and through its website at www.nj.gov/health/ces/njscr.shtml.

NJSCR hopes to further assist hospital cancer registries in achieving CoC accreditation by providing them with additional information from the central registry database, such as complete treatment information and the number of patients enrolled in studies.

Acknowledgements: NJSCR would like to acknowledge the New Jersey hospitals’ cancer registrars who assisted in testing the follow-up report procedure and provided feedback. They also would like to acknowledge and thank Linda Coyle of IMS for significant contributions.

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 its success stories. Visit the website (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 it to Peggy Meehan at pmeehan@ncra-usa.org.
NCRA has prepared a special catalog on its Center for Cancer Registry Education website to help registrars prepare for the eighth edition of the AJCC cancer staging system, which will be implemented in January 2018.

The catalog includes sessions from the 2017 Annual Educational Conference that focused on the eighth edition. These sessions have been archived as learning modules and include “Highlights of AJCC Cancer Staging Manual, Eighth Edition Staging Rules” presented by Donna Gress, RHIT, CTR, and “Implications for Cancer Registrars” presented by Frederick Greene, MD, FACS.

There are also five conference sessions presented by authors or editors of important chapters in the new manual:
- Staging Breast Cancer – Robert Brookland, MD, FACR, FACRO
- Staging Thyroid Cancers – Michelle Williams, MD
- Staging Head and Neck Cancers – Michelle Williams, MD
- Staging Melanoma – Jeffrey Gershenwald, MD, FACS
- Staging Soft Tissue Sarcoma – Alexander Lazar, MD, PhD

In addition to the conference sessions, NCRA launched a very popular eight-part webinar series in the fall of 2017 focused solely on the eighth edition. These were archived and are now available as learning modules. In the webinars, eminent physicians in the field of cancer treatment and research explain the eighth edition changes for the following critical sites: breast, lung, melanoma, neuroendocrine tumors, oropharyngeal, pancreas, prostate, and thyroid and parathyroid. The physician presenters hail from prominent institutions across the country: Columbia University Medical Center, Cornell University, Johns Hopkins Hospital, Legacy Health, MD Anderson Cancer Center, Providence Cancer Center, University of Pittsburgh Medical School, and Weill Cornell Medicine. These learning modules are approved for the Category A requirement for four continuing education (CE) units focused on directly assigned stage and/or site-specific coding principles.

As the professional association representing over 5,800 cancer registrars and CTRs, NCRA is your destination for high-quality training to ensure you have the knowledge and skills needed to meet the challenges of the ever-evolving cancer registry field. NCRA invites all registrars to visit the special eighth edition webpage at www.CancerRegistryEducation.org/8edition to get started. Questions? Email Mary Maul at mmaul@ncra-usa.org or call (703) 299-6640 ext. 314.
NCRA Offers a Special 2018 Continuing Education Subscription

SAVE NOW AND EARN CES!

NCRA is offering a special 2018 membership renewal subscription to the Center for Cancer Registry Education (www.CancerRegistryEducation.org/ncra-subscriptions) that includes access to 23 online learning products for $180. If you were to pay the full retail price, the cost would be $950. To see the complete list of trainings, go to www.ncra-usa.org/renew. Once you log in to renew your 2018 membership, select the option to add the subscription to your shopping cart.

This special offer is the most cost-effective way to earn the CEs you need to maintain your CTR credential and to keep current with changes in the cancer registry profession! The subscription runs January 5, 2018, through December 31, 2018. It is a per-person subscription; there is no carryover into 2019. Offer ends December 31, 2017.

MEMBERSHIP RENEWAL QUESTIONS?
Email member@ncra-usa.org.

QUESTIONS ABOUT THE SUBSCRIPTION?
Email ccrc@ncra-usa.org.

New CTRs

The summer CTR Exam was taken by candidates at testing centers during the June 17–July 8, 2017 testing window. Ninety-one (91) candidates passed the exam and formally became Certified Tumor Registrars. NCRA’s Council on Certification proudly congratulates all new CTRs!

Alabama
Michael McCool, Mobile
Erin Morgan, Daphne

Arizona
Dawn Lane, Peoria
Vivian T. Romero, Tucson

California
Keisha L. Abdelkader, Burbank
Robert Chapman, Santa Maria
Gregory Clift, San Francisco
Jennine S. Miranda, Pasadena
Lorie Sumner, Ramona
Stephanie A. Wilson, Los Angeles

Colorado
Amber Curry, Brighton
Diana Morneault, Grand Junction
Julie O’Hara, Boulder
Tamara Yokell, Longmont

Florida
Holly R. Brown, Panama City
Kimberly Castaneda, Bradenton
Aymara De la Rua Fernandes, Miami
Elizabeth Herrera, Tampa

Georgia
Nora Flowers, Atlanta

Hawaii
June Moore, Honolulu

Illinois
Denise Widstrom, Orland Hills

Indiana
Kelley Dayton, Richmond
Beth Otto, Goshoen
Rebecca Rader, Davielle

Kentucky
Shirley Edlin, Louisville
Yonne LeRose Foster, Harrodsburg

Louisiana
Carla Brunfield, New Orleans
Christina Lefante, New Orleans

Maryland
Kelley Drury, Frederick
Nicole M. Fowler, Baltimore
Nadia Majeed, Windsor Mill
Edith Stampfl, Lusby
Mary Ellen Stern, Rockville

Massachusetts
Holly Seaver, Hyannis

Michigan
Katherine Frazier, Troy
Kim Gray, Waterford
Ginger Greenwood, Alma
Margaret Nelson, Sanford
Amber Teeter, Fenton

Minnesota
Katherine Gilbertson, Byron
LaRayne Olson, Bemidji
Bayli Rettig, Fergus Falls

Mississippi
H. Marlene Borja, Long Beach

Missouri
Andrea Litz, Rolla

New Hampshire
Catherine M. Ayres, Hanover

New Jersey
Regina Barthine, Freehold
Jessica Diamond, Lumberton
Enrico Gonzales, Toms River
Catherine Leach, Frenchtown
Irene Rava, Hillsborough

New Mexico
Cheri B. Gaston, Albuquerque

New York
Melissa Chapman, Martville
Kathleen Costick, New York

North Carolina
Leslie Blair, Holly Ridge
Deanna McDonough Gibson, Winston Salem

Ohio
Jennifer J. Becker, Cincinnati
Justine Grosick, North Jackson
Ruth Li, Hilliard
Deborah Meceer, S. Bloomfield
Dionne Rehe, Cincinnati

Oklahoma
Chandell L. Norman, Oklahoma City

Oregon
Richard Barnes, Portland
Anne P. Powell, Salem
Molly D. Sengovnogxay, Portland

Pennsylvania
Julie Hill, West Sunbury
Cheryl Quintana, Berwyn

Puerto Rico
Arlene Cadi Rodriguez, Gurabo

Rhode Island
Abigail Altabef, Lincoln

South Carolina
Lesley Bement, Myrtle Beach
Cathy Hall, Georgetown

South Dakota
Marissa Prima, Sioux Falls

Tennessee
Katherine D. Brown, Chattanooga
Brandy M. Crowell, Columbia
Paula R. Ellis, Jackson
Bryan Head, Smyrna
Keri K. Huckaby, Henderson
Martina Manis, Rogersville
Sheryl Russell, Hixson

Texas
Sarah Herrera, San Antonio
Terri Jamison, Webster
Reaneet M. LaJaune, Houston
Priscilla Molina, Mansfield

Virginia
John F. LaDouceur, Richmond
Jennifer Rodgers, Newport News

Washington
Mary Bryce, Federal Way
Shanika Palm, Spokane

West Virginia
Shawn Farley, Charleston

Wisconsin
Patricia K. Chitwood, Wisconsin Dells
Cindy McCarthy, Edgerton
Kati Olson, Marshfield
Heidi L. Schindel, Green Bay
NCRA LAUNCHES A NEW MEMBERSHIP SOFTWARE SYSTEM

NCRA is excited to announce the launch of a new membership software system and website. The changes will enhance and improve NCRA’s services to you.

All members must register their existing NCRA account with the new system. If you have not done so, please follow the instructions below.

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. This is the last link listed on the page.

STEP 5: Enter your five-digit member number, first name, and last name, and click “Activate Account.” (If you do not know your five-digit member number, email info@ncra-usa.org or call (703) 299-6640 ext. 310.)

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.

STEP 9: Once in your member profile, it is easy to renew your membership! Click on the orange “Membership Join/Renew” button.

NCRA’S 2018 MEMBERSHIP RENEWAL IS UNDERWAY

Be sure to renew your membership for 2018 by going to www.ncra-usa.org/renew. You don’t want your NCRA member benefits to lapse. Some key benefits include:

- Discounted registration fees for the annual conference and CTR exam.
- Up to 20% off NCRA’s educational products, including webinars, publications, learning modules, and much more.
- Eligibility to apply for professional liability insurance and take advantage of the low annual premiums and the 50% discount on the administrative fee. Learn more at www.ncra-usa.org/PLinsurance.
- Complimentary subscriptions to help you stay current: The Update, NCRA’s bi-weekly e-newsletter; The Connection, NCRA’s quarterly newsletter; and the Journal of Registry Management, the only peer-reviewed academic journal dedicated to the cancer registry profession.

QUESTIONS ON HOW TO REGISTER WITH THE NEW MEMBERSHIP SOFTWARE SYSTEM?
Call (703) 299-6640 ext. 310.

WANT 23 CES FOR $180?
NCRA is offering a 2018 Special Membership Renewal Package. The subscription package offers 23 CEs for $180. The full value is $950. This offer is the most cost-effective way to earn all the CEs needed to maintain your CTR credential and keep up to date with changes in the cancer registry profession! The subscription runs from January 5, 2018, through December 31, 2018. It is a per-person subscription; there is no carryover into 2019. Offer ends December 31, 2017. To view the package’s list of educational products, go to www.ncra-usa.org/renew and download the complete list of training. Once you log in to renew your 2018 membership, select the option to add the subscription to your shopping cart.

NCRA MEMBER BENEFITS!
For a complete list of member benefits, go to www.ncra-usa.org/benefits.
Since my last report to you in April, the Education Committee jumped into summer with a big splash. We were proud to present two June webinars on the anatomy and staging of complex sites: head & neck and gynecologic. The committee also offered a pediatrics webinar series at the request of the membership. The three-part series focused on anatomy staging, cytogenetics/FISH, and pathology/treatment. If you missed the live webinars, you can view the archived versions as learning modules at www.CancerRegistryEducation.org/learning-modules.

Please keep the suggestions coming and feel free to email me or other members of the Education Committee. We want to continue to meet your training needs.

NCRA 8TH EDITION AJCC STAGING WEBINARS

We are all focusing on the implementation of the AJCC Cancer Staging Manual, Eighth Edition and preparing for the many changes ahead. To that end, in the fall of 2017, NCRA offered an eight-part webinar series entitled Site Anatomy and 8th Edition Staging to help members glide through the transition. There are still some live webinars scheduled, so go to www.CancerRegistryEducation.org/live-webinars to learn more. As noted in another Connection article, NCRA is preparing a catalog of all its eighth edition training, which includes the eighth edition training from the 2017 Annual Educational Conference and the above noted eight-part series. The catalog will be available in early November and can be found at www.CancerRegistryEducation.org/8edition.

Contact Mary Maul, Manager of Education Programs, at mmaul@ncra-usa.org, if you have any questions.

NCRA prepared a two-part series on the Survey Application Record (SAR) process for COC-accredited facilities. Dr. Jonathan Britell addressed standards that cause problems for facilities and offered solutions on how to avoid these pitfalls. The CoC standards covered included: 1.8, 4.1, 4.2, 4.6, 4.7, and 4.8. These webinars were archived and are available as learning modules on the Center for Cancer Registry Education.

The Education Committee also posted three Using the Manuals staging shorts, mini presentations that outline the process for finding appropriate information for breast, lung, and prostate. The shorts are a great resource for registrars preparing for the CTR exam, as they require the use of manuals for the abstracting section. Go to www.CancerRegistryEducation.org/best-practices to access the staging shorts. The committee has also posted two new informational abstracts (IAs): Adult Primary Benign Brain and Adult Primary Malignant Brain. These complimentary fact sheets include details on what information to include in an abstract. These new IAs and 12 others can be found at www.CancerRegistryEducation.org/rr.

CTR PREP SUBCOMMITTEE

The CTR Prep Subcommittee will revise the 2018 CTR exam training materials to address the anticipated 2018 changes from the standard setters and the Council on Certification. NCRA will offer a nine-part online CTR prep webinar series beginning in February in preparation for the first exam period in 2018. The CTR Prep Subcommittee and the Education Committee want to send our best wishes to all the CTR candidates scheduled to take the exam in the fall of 2017. You should be proud of all you have accomplished. We will be cheering you on and look forward to welcoming you as new CTRs.
<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Abigail Altabef</td>
<td>Lincoln, RI</td>
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<td>Sandi Kolby</td>
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<td>Laura Lake</td>
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<td>Jeremy Laws</td>
<td>Columbus, OH</td>
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<tr>
<td>Penny Lindholm</td>
<td>Mineral Point, WI</td>
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<tr>
<td>Amber Luke</td>
<td>Houma, LA</td>
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Continued on page 25
WELCOME TO THE NEW MEMBERS WHO JOINED (MAY–SEPTEMBER, 2017)

Continued from page 24

Kimberly Lunsford ..................Angier, NC
Ellen Lycan ..........................Lexington, KY
Keir Martin ..........................Mays Landing, NJ
Lisa Martin ..........................Claremore, OK
Amparo Martinez .....................Channelview, TX
Anju Mathew ........................Tucker, GA
Nicola Mattis ........................Hialeah, FL
Jill Maxwell ................................Naperville, IL
Clara May ............................Lexington, KY
Jackie Miller ........................Arlington, WA
Jennifer Moore ......................Hamilton, OH
Debra Morecraft ....................St. James, NY
Launie Moreno .......................Beaumont, CA
Tessa Morrison .....................Boise, ID
Misty Neal ............................Byromville, GA
Eric Odell ..........................Allen, TX
Kati Olson .............................Marshfield, WI
Peggy Ostergaard .....................Marysville, WA
Sapna Oswal .......................Sugar Land, TX
Maricar Pamisa ......................Tacoma, WA
Dawn Patterson ......................Perrysburg, OH
Gauri Pawaskar ....................Mason, OH
Sonya Pearson .......................Lawrenceville, GA
Jenise Perez-Dorsey ...............Plantation, FL
Allicia Pickett ......................Locust Grove, GA
Rhiana Poe ..........................Winston Salem, NC
Maritza Polania .....................Miami, FL
Gayatri Ponnam ......................Troy, MI
Ronda Porter .........................Baytown, TX
Tiffany Rainey .....................Lafayette, IN
Sarah Ramsburg ....................Pomeroy, OH
Kimberly Ratliff ....................Lexington, KY
Janet Richards ......................Atlanta, GA
Vivian Romero ........................Tucson, AZ
Julia Ross ..............................Cohoes, NY
Sheryl Russell .......................Hixson, TN
Dawn Rychlik ........................Burlison, TN
Marcelo Saculles ....................Palm Bay, FL
Holly Seaver ........................Hyannis, MA
Kelly Sheppard .....................Americus, GA
Claire Skowronski ..................Cape Coral, FL
Rebecca Smeed .....................Johnstown, PA
Garon Smith ........................Southfield, MI
Kevin Smith ........................Winston-Salem, NC
Ruth Soper ............................Madison, WI
Margaret Sramek ........................Algonac, MI
Jennifer Stanley .....................Henderson, NC
Lisa Steinkopf ......................Marlette, MI
Dorothy Storm ........................Fairfax, VA
Linda Strother ......................Raleigh, NC
Francis Suarez .....................Miami, FL
Mary Ann Sumi .....................Daly City, CA
Juliann Sutton ......................Lakewood, OH
Jennifer Tatton .....................Kersey, CO
Tamara Tippit .......................Angier, NC
Samantha Tobias ....................South Ogden, UT
Lori Trani ............................Albuquerque, NM
Cynthia Tsiang .......................Brighton, MI
Charnessa Turner ..................Tuscaloosa, AL
Melissa Turner ......................Richmond, VA
Olivia Turner .........................Belleville, NJ
Jihan Waratuke ......................St. Louis, MO
Patricia Weiss .......................Potomac, MD
Kevin Whalen .......................Middletown, MD
Karen Whelan .......................Belle Mead, NJ
Susan Whitenerour ................Hackensack, NJ
Antoinette Whyte ....................Miami, FL
Wendy Williams .....................Medford, OR
Jocelyn Wilson .....................Columbus, OH
Brenda Winkler ....................Appleton, WI
Violet Yamamoto ....................Alhambra, CA
Seoyoung Yoon .....................Goyang-si, Gyeonggi-do, South Korea
Sherry Zamora .....................Cleveland, OH
Peter Zanoni .......................Knoxville, TN
Joann Zeller .........................Evansville, TN
Jack Zydonik .......................Kittanning, PA
Renew Today To Continue Your Member Benefits:

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Have You Renewed Your 2018 NCRA Membership Yet?

THREE EASY WAYS TO RENEW:
1. Online at www.ncra-usa.org/renew. You will need to log-in to access your account. See instructions below.
2. Fax or mail the Membership Dues Invoice (mailed to you early October). Can’t find your copy? E-mail member@ncra-usa.org.

Instructions to Renew Online
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Questions?
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Special Offer for Renewing Members
2018 Annual Subscription to the Center for Cancer Registry Education. 23 CEs for $180! Add to your shopping cart when you renew online.
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- And much more!

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