The Connection

The Official Newsletter of NCRA

Summer 2018

STRATEGIC MANAGEMENT PLAN UPDATE

BARBARA DEARMON, BS, CTR | GPEC CHAIR

The Strategic Management Plan (SMP) is NCRA’s guiding document. Encompassing NCRA’s vision, mission, programs, and priorities, it was developed to ensure that volunteer leadership and staff work to meet the needs of the membership. The Governance, Planning and Evaluation Committee (GPEC) is responsible for managing, updating, and reporting on the outcomes of the SMP to the membership. In addition, GPEC serves as an advisor to the President and the Board of Directors regarding NCRA operations. As your Immediate Past President, I serve as the Chair of GPEC. Committee members include Dianne Cleveland, Linda Corrigan, Sue Koering, and Dana Lloyd, with Executive Director Lori Swain providing technical and administrative support.

The current SMP was implemented as a five-year plan in 2006 and has remained active by incorporating updates based on member feedback. The SMP focuses on the following strategies to meet the needs of NCRA membership and support the NCRA mission:

- Education/professional development
- Credentialing
- Recruitment and retention
- Member and customer services
- Advocacy
- Administration and finance

NCRA has realized many of the goals of the original 2006 SMP, like solidifying its reputation as a cancer registry workforce research expert and taking an active role in advocacy and policy development. The most recent update to the SMP occurred in 2015, and the plan is again up for renewal. While the current SMP has proven vital in establishing consistency and direction for the association, it is now time for NCRA to develop a new baseline SMP for 2019–2023 and not simply update the 2006 plan.

On May 30, NCRA sent an important survey to members and stakeholders to obtain input to help guide the next SMP. Nearly 2000 individuals participated! NCRA conducts this survey every three to six years to gather information to refine the SMP, and we rely on feedback provided by members, volunteers, and stakeholders to be able to effectively support membership needs.

GPEC looks forward to working with the same consultant who helped us develop our first SMP. We’re currently in the information-gathering stage, which includes a review of items within the current SMP and an assessment our members’ and stakeholders’ needs as well as current and future priorities in the cancer registry profession through 2023. Once data is compiled this fall, our consultant will facilitate efforts to develop a new five-year SMP with NCRA leadership.

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.

Learn more at www.ncra-usa.org
Dear Colleagues,

I am very excited to introduce myself as the new Editor of The Connection. I have been an Oncology Data Analyst with the North Carolina Central Cancer Registry for 2.5 years and have been a CTR for 2 years. I love this profession, what it stands for, and what it contributes to the cancer community nationwide. Recently I’ve spent a lot of time thinking about what I hope to contribute as an Editor, and I’ve realize that my primary goal is to use NCRA member feedback to make improvements that enhance the readership experience of The Connection.

Quantitative information is, as we in cancer research know, critical, but without the underlying quality the statistical outcomes are useless. We as registrars maintain a vigilant focus on obtaining high-quality data. To achieve that goal we constantly rely on various QC processes to ensure data validity, accuracy, and completeness. Therefore, we know that improvement is a continuous process that requires tireless effort and attention. To paraphrase Aristotle, “quality is not an act, quality is a habit”.

In keeping with the cancer registrar’s core value of quality, I am asking that all of you actively participate in the quality improvement process of The Connection by voicing your opinions and sharing your ideas. To facilitate open communication, I encourage “Letters to the Editor” submissions as well as any ideas that you have that you believe will enhance the publication in some way. Feel free to email me with thoughts that will make The Connection more informative and more relevant to issues currently being discussed within the profession anytime at laura.defino-coscia@dhhs.nc.gov. Rest assured that all communications will be addressed and responded to in a timely manner.

In this way, we can follow the tradition of continuous improvement of The Connection newsletter together. I look very forward to working with you to produce the best possible publication that contributes the most valuable information possible to our wonderful registry profession. Thank you for the opportunity of what I hope is a long and successful editorial tenure. I hope to serve you well!

Laura DeFino, BA, CTR
Happy summer to all NCRA members!

I was installed as NCRA president in New Orleans on May 23, 2018. For those of you who were not in attendance, I thought I’d share my installation speech from that day, which will provide the structure for my efforts for the coming year.

I ran across a TED talk by Simon Sinek based on his book called Start with Why, and the topic resonated with me because it’s so easy to lose sight of the Why when we’re dealing with ever-evolving changes in healthcare and implementations and deadlines in our daily work. Mr. Sinek’s premise is that organizations become and remain highly successful by maintaining the circles of Why, How and What.

My goal is to identify how this relates to Cancer Registry, starting with the simplest thing to define.

What: pertains to what you do or produce. We know what we do—Cancer Registries and Registrars around the world provide the data used in the fight against cancer.

How: refers to the process employed to produce the What. Through a disciplined mix of manual data extraction, informatics, and human decision-making we identify, collect, report and analyze information on the diagnosis, workup, treatment, and outcomes for cancer patients.

Finally we get to the Why, which explains the purpose behind the What and the How. If we forget why we’re engaged in this effort, if we lose sight of the reason, the consistency and quality of the How and What will begin to fade.

Why do we face down the seemingly endless changes in requirements and re-education to maintain the utility of our data? Why do we work long hours in a profession that outsiders don’t seem to comprehend? The Cancer Registry profession tends to draw in people with a common set of values that connect us to each other and to the profession.

No matter the level of experience, age, position, or work setting, we share common goals and traits. We are here to make a difference! We may not be the ones providing patient care, but we document the outcomes of that care to influence the direction of research, and the care of future patients.

Our Why involves supporting the efforts of those who seek better cancer treatments, cures, and prevention measures. That’s a pretty good Why.

My challenge to you is to keep the Why at the forefront. It overrides the inconveniences of adapting to changes in how we produce the what. It provides meaning and worth to our work. I encourage you to face the challenges and make the changes; because change is constant, we need to be able to face it by getting back to the Why we are here! Yes, there may be trepidation in facing the changes and frustrations in our daily business operations; however, complaints and negativity beget even more negativity. Rather, let’s continue our work with a sense of purpose for reaching a goal just waiting to be achieved.

I am honored to serve as NCRA President for the coming year, alongside the other 11 members of our Board of Directors. I want to express our appreciation for the all of the volunteer leaders, liaisons and committee members who donate their time and energy on behalf of our association, and to the NCRA staff who facilitate those efforts. In the coming year, we will strive to identify ways to help face our challenges, such as promoting utilization of the Standard Occupational Code for Medical Registrars in the next census and GPEC’s work on our Strategic Management Plan, whose collective voices will help orient our future direction as an association.

I close with a couple of obscure quotes from John Lennon. “You know, when the going is rough, we keep our chins up. That’s what we do.” The second is “Everything will be okay in the end. If it’s not okay, it’s not the end.”

I urge you to keep your chins up, be proud of your profession, and know that it will all be okay in the end because we are all in this together.

Thank you.
Get Ready for Back to School!

NCRA is busy putting its educational programming together for fall 2018. Planned webinars are listed below, so mark your calendars! The one-hour webinars begin at 2:00 p.m. ET; earn one CE for each. (The complimentary Genentech webinar does not include a CE, the CoC Standards Chapter Three webinar is an hour and a half). More information and details on how to register can be found at www.cancerregistryeducation.org/live-webinars.

COC SURVEYS: IMPROVING YOUR OUTCOMES
CoC Standards Chapter 3—Continuum of Care Services: A Surveyor's Guide
Wednesday, August 22, 2018
Presented by Jonathan Britell, MD

Cancer Committee Minutes: If It’s Not in the Notes, It Didn’t Happen
Date TBD
Presented by Silvia Ramsey, CTR

AJCC TNM: 8TH EDITION STAGING FOR SELECTED SITES
Implications for Registrars: Bladder
Wednesday, September 12, 2018
Presented by Denise Harrison, CTR

Implications for Registrars: Melanoma
Wednesday, December 5, 2018

Implications for Registrars: Lung
Wednesday, November 14, 2018
Presented by Kelly Merriman, MPH, PhD, CTR
Presented by Melissa Riddle, CTR

EVERYTHING NEW FROM NCI/SEER
Site-Specific Data Items: FAQs and Answers
Wednesday, September 26, 2018
Presented by Jennifer Ruhl, MSHCA, RHIT, CCS, CTR

Hematopoietic and Lymphoid Neoplasm Database and Rules
Wednesday, November 7, 2018
Presented by Jennifer Ruhl, MSHCA, RHIT, CCS, CTR

Solid Tumor Rules, 2018
Wednesday, November 28, 2018
Presented by Sara Biese, RHIT, CTR

COMPLIMENTARY WEBINAR FROM GENENTECH: THE PHENOTYPE OF CLL AND 17P DELETIONS
Wednesday, October 10, 2018
No CE for this webinar.
Presented by Karen Groth, MSN, CNS, ARNP
The webinar is free, but registration is required. Click here to register.
https://www.ncra-usa.org/Conference/Associated-CLL-Cytogenetic-and-Molecular-Changes
NCRA recognizes three remarkable members at awards ceremony in New Orleans

Renames its Outstanding New Professional Award to honor April Fritz, CTR

NCRA acknowledged three exceptional members at its Annual Educational Conference in New Orleans on May 23, 2018. Ebony Johnson, CTR, received the April Fritz Outstanding New Professional Award; Melanie Rogan, CTR, was honored with the Distinguished Member Award; and Vonetta Williams, PhD, MPH, CTR, was presented with the Volunteer Excellence Award. Established in 1987, the NCRA Awards Program acknowledges outstanding contributions to the cancer registry profession and the association.

Ebony Johnson
April Fritz Outstanding New Professional Award

NCRA announced at the conference that it had renamed the Outstanding New Professional Award to honor the legacy of April Fritz, CTR—a beloved colleague who played a pivotal role advancing cancer surveillance and the cancer registry profession. The first April Fritz Outstanding New Professional Award was presented to Ebony Johnson to acknowledge her significant involvement in the profession. Johnson is the Treatment Summary Specialist at Northside Hospital Cancer Institute in Atlanta where she is responsible for preparing the treatment summaries for the survivorship care plans. Johnson helps to facilitate and maintain CoC Standard 3.3 (the standard focused on survivorship care plans) and her efforts have contributed to Northside’s success in receiving the CoC Outstanding Achievement Award for five consecutive years.

The nominators noted Johnson’s numerous contributions to the cancer registry profession since she earned her CTR credential in 2015. Johnson has demonstrated leadership, innovation, and creativity, while motivating new and “seasoned” cancer registrars with her contagious enthusiasm and professionalism. She has donated her time mentoring aspiring registrars, teaching in the Georgia Tumor Registrars Association’s CTR workshops and helping them to navigate the CTR certification process. Johnson currently serves on the Georgia association’s executive board. Her passion for the registry is evident in her volunteer efforts at the national level as well. Johnson presented a session entitled “Treatment Summaries: The Easy Way” at last year’s Annual Conference and is an active member of NCRA’s Informatics and Membership Committees. She has also served as the host at the NCRA Annual Conference’s New Members and First-Time Attendees breakfasts for the past three years. Her colleagues have stated that, “What Ebony Johnson has done in her short time as a CTR is more than others do in a career!”

Melanie Rogan
Distinguished Member Award

The recipient of the NCRA Distinguished Member Award was Melanie Rogan. She was being recognized for her outstanding contributions to the profession. Rogan has been active at the state and national levels, serving as both treasurer and president of the Association of North Carolina Cancer Registrars (ANCCR) and honored by them when she received the state association’s Luna M. Woods Award, acknowledging her dedication, educational leadership, and extraordinary enthusiasm for the profession. Her commitment to NCRA is evidenced by her 20+ years of involvement, including serving on the Awards (Chair), Continuing Education, Informatics, Membership, and Nominating Committees, and as president in 2011–2012.

In addition to her many volunteer leadership positions, Rogan has been a dedicated mentor. She has shared her knowledge and time, helping the next generation of cancer registry professionals discover their talents and hone their leadership skills. As one mentee noted, “She is compassionate and understanding when problems arise. When I make a mistake, she guides me through the process of finding a solution.”

Rogan began her career as a Respiratory Therapist, but soon realized her true calling was the cancer registry. She served as an Oncology Data Analyst at Wake Forest University Baptist Medical Center for many years and is the current Director of Registry Services at Electronic Registry Systems (ERS).

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2018 NCRA Award Winners

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Vonetta Williams
Volunteer Excellence Award

The recipient of the NCRA Volunteer Excellence Award was Vonetta Williams. She was acknowledged for her significant volunteer contributions to NCRA. Williams served as Associate Editor of the *Journal of Registry Management (JRM)* from 2011 to 2015 and its Editor-in-Chief since 2015.

The nominators noted that Williams’ strong background in both cancer registry and research serves NCRA well as she provides leadership and direction for the JRM at a critical time in the cancer registry profession. Williams has given freely of her time and expertise, working with numerous authors on a variety of topics with the goal of publishing a high-quality journal that registrars and researchers can reference and that serves as a tool to document how cancer surveillance data are used to improve public health. Williams is currently the Core Staff Scientist, Collaborative Data Services Core at the Moffitt Cancer Center in Tampa, FL.

*JRM Best Paper Award*

During the awards ceremony, NCRA also acknowledged the authors of two *Journal of Registry Management* papers. The Best Paper Award was presented to Allison Ertl, Jonathan I. Groner, Sergey Tarima, Laura D. Cassidy, for their article entitled, “Characteristics of Traumatically Injured Pediatric Assault Patients: A Statewide Assessment in Ohio.” An Honorable Mention Award was presented to Mei-Chin Hsieh, Brent Mumphrey, Lisa Pareti, Yong Yi, and Xiao-Cheng Wu for their article entitled, “An Innovative Approach to Improve Completeness of Treatment and Other Key Data Elements in a Population-Based Cancer Registry: A 15-Month Data Submission.”

The 2019 Awards Brochure will be posted in October 2018. It will include details the online application process. Applications are due January 31, 2019. The NCRA Awards Committee encourages members to nominate colleagues in one of the five categories listed below. Questions? Phone: 703-299-6640 Ext. 319 or e-mail: info@ncra-usa.org.

- **Distinguished Member Award:** Honors an NCRA member for outstanding contributions to the profession.
- **Educational Achievement Award:** Honors an NCRA member for significant contributions to cancer registry education.
- **Literary Award:** Honors an NCRA member for preparation of important published material related to the cancer registry.
- **April Fritz Outstanding New Professional Award:** Honors an NCRA member for significant involvement in the profession.
- **Volunteer Excellence Award:** Honors an NCRA member for significant volunteer and mentoring contributions to the association.
It's overwhelming. All the changes. The complaining. The whining. The edits. The standard setters and their timelines. Some days I just don’t even know if my head is on straight. New staging manual? I pulled a muscle carrying it to tumor board. The future is here, and I’m not prepared for what’s coming in the registry. What’s next???? Before we talk about the future, let me tell you about my past. I am a “late in life” registrar. I found the registry while I was working on my RHIT program. After getting laid off from a very-well known coffee company, I went back to school and graduated with my A.A.S. at age 49. It was through a community college program that I was introduced to the cancer registry. I never looked back. I earned my CTR credential at the age of 51 after working in the registry for three years. I then relocated to Arizona to begin working as an abstractor, even though I'd never abstracted a case in my life.

Since 2013, I've worked for a CoC-approved community hospital, a non-accredited community hospital, and been through an NCI accreditation process for a first-time approved program. I've seen changes in grade, AJCC staging, and drug categories. I've learned Metriq, ERS, CNExT, RMCDS, and Oncolog, Cerner, and EPIC. Looking back, I didn't even know what I didn't know. Thinking about what I've learned in the last five years, honestly, it's been quite an introduction to the cancer registry. But the introduction is over, and it's time to really get to work. So, what about the future for me, NCRA, and the cancer registry profession?

As far as NCRA, the organization does a great job supporting and providing educational resources to registrars. But we need to generate interest in the cancer registry. As an organization, NCRA will be losing countless registrars over the years as waves of us retire. Where will the next generation of registrars come from? How do they get the skill set? I have a plan:

1. **Community Colleges.** The RHIT programs across the country should have a cancer registry module MANDATED as part of the program. I was lucky to have a semester of cancer registry as I went through my program. That's how I found out about the registry, even though I was working in the Health Information Department at a hospital! Some of my colleagues had a one-hour lecture on the registry in their RHIT programs.

2. **Cancer Registry Apprenticeship.** This would be managed like a union apprenticeship program, with local halls or a registry of hospitals that will take new registrars to complete their needed practicum hours. We all know, you need to be exposed to those crazy cases, tumor board, and cancer committee to be prepared to sit for the CTR exam. All routes would be required to have a 1950-hour program, as in Route B.

3. **BS in Information Technology for Oncology.** Is it a possibility? I say yes! Let’s tap the brilliant minds of IT people and incorporate them to the team. Moving forward, we’re going to need technically oriented people to navigate the future of how our data will be collected, stored, and used. Let’s be honest, very soon our work will initially be done by computer programs, and we will be “auditors”.

4. **Automation of Data Collection.** It’s coming. And registrars are scared of it. But as an organization, I think if NCRA embraces it, the membership will follow. Quite honestly, registrars are complaining about all they have to do with no time to do it. That’s not going to change any time soon as facilities downsize in every way possible. But if we recognize the usefulness of automated data collection in our work, it will give us the time for cancer committee, NCDB, RQRS, CoC and all the other many acronyms associated with our profession.

5. **Oncology Data Specialists.** “Cancer registrar” is outdated. I don’t “register” tumors. I’m highly skilled and highly specialized. It needs to be recognized with a new name.

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5. **Oncology Data Specialists.** “Cancer registrar” is outdated. I don’t “register” tumors. I’m highly skilled and highly specialized. It needs to be recognized with a new name.
6. Research. Let’s get into it! I could never figure out why we weren’t into it before. We have the data! I worked for a facility that didn’t even know they had a cancer registry with real time data. We need to be included in that conversation. Concurrent abstracting anyone? And, if facilities start to drop their CoC accreditations, as is being whispered about, this is a nice progression for our profession.

And me? I’m going to keep on, keeping on. Only better. I’m going be fearless, as I’ve been doing since I sat for the CTR exam. I love what I do more now than I did when I started in 2013. I believe in the mission of the registry. I’m an advocate for the cure. Tumor registrars are at the most basic level of cancer treatment. We are the amoebas, the first to storm the beach, the canary in the coal mine. Think of the responsibility that carries.

What we do in our everyday work is so important, because it personalizes the current standards of care. Of course, we are not performing the work of curing cancer, but we are validating the work of others. Therefore, it is my duty to understand what is being collected and the best way to collect it. I remember telling my mother when I was a kid that I wanted to be the first person in the world to know everything. Now is that time for me. Change? I’ve been doing it since 2013. Bring it!

2018 Danielle Chufar Annual Conference Scholarship

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HAVE YOU THOUGHT ABOUT WRITING AN ARTICLE OR MANUSCRIPT FOR THE JOURNAL OF REGISTRY MANAGEMENT?

Do you have a quality control/assurance metric, a lesson learned from a Cancer Registry management perspective, a process you have successfully implemented with your team, or a study that you or a team member conducted that you would like to share? Do you have information to share regarding the sunset of Collaborative Staging, the transition to AJCC 8th Edition TNM Staging, ICD-10, or the new 2018 changes? If so, we welcome you to submit your article/manuscript for publication in JRM.

STEPS AND PROCESSES FOR WRITING AN ARTICLE/MANUSCRIPT

Topic: A research article should deal with one, and only one, topic. It should be a fairly narrow issue that presents your arguments and/or conclusions as succinctly as possible. The Journal of Registry Management is especially interested in manuscripts focusing on the following topics:

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

Methodology: Depending on the type of paper you are writing, you may want a section that describes your methodology or how you gathered or analyzed your data.

Main body of the paper: Depending on the type of paper you are writing, the body could be a case study, quantitative findings, qualitative history, or actual points of discussion. One way to develop the body of the article is to develop an outline of headings and subheadings. Beginning with an outline forces you to think through your entire article and can help you identify any holes in your presentation. Once you have the outline completed, you can then fill in any gaps in the work by adding text to the headings and subheadings.

Conclusion: Depending on the nature of the paper, the conclusion could be a summary of findings or conclusions directly drawn from the materials presented. The conclusion should flow logically from the rest of the essay, but it should be more than simply a restatement of what you have done or already said. It might summarize the main points and could also suggest further research and investigation or a call to action.

INFORMATION FOR NEW AUTHORS

Manuscripts may be submitted for publication in the following categories: articles addressing topics of broad interest and appeal to the readership, including methodology papers about registry organization and operation; research papers reporting findings of original, reviewed, data-based research; and primers providing tutorials on relevant subjects. “How I Do It” papers are solicited, as are opinion papers/editorials including position papers, commentaries, and essays that analyze current or controversial issues. These should provide creative and reflexive treatment to topics directly related to registry management. Letters to the Editor and targeted bibliographies of significant interest are also welcomed.

TYPES OF SUBMISSIONS

Manuscripts (Research Articles). Articles should follow the standard format for research reporting (Introduction, Methods, Results, Discussion, References) and the submission instructions outlined above. The introduction will normally include background information, and a rationale/justification as to why the subject matter is of interest. The discussion often includes a conclusion subsection. Comprehensive references are encouraged as are an appropriate combination of tables and figures (graphs).

Manuscripts (Methodology/Process Papers). Methodology papers should follow the standard format for research reporting (Introduction, Methods, Results, Discussion), or for explanatory papers not reporting results (Introduction, Methods, Discussion), as well as the submission instructions outlined above.

Manuscripts (“How I Do It” articles). The “How I Do It” feature in the Journal provides registrars with a forum for sharing strategies with colleagues in all types of registries. These articles describe tips, techniques, or procedures for an aspect of registry operations that the author does particularly well. When shared, these innovations can help registry professionals improve their skills, enhance registry operations, or increase efficiency.
PREPARATION CONSIDERATIONS

Abstract. A brief abstract must accompany each article or research paper. The abstract should summarize the main point(s) and quickly give the reader an understanding of the manuscript’s content. It should be placed on a page by itself, immediately following the title page.


Visuals. Use visuals selectively to supplement the text.

Attribution. Authors are to provide appropriate acknowledgment of products, activities, and support especially for those articles based on, or utilizing, registry data (including acknowledgment of hospital and central registrars). Appropriate attribution is also to be provided to acknowledge federal funding sources of registries from which the data are obtained.

References. References should be carefully selected and relevant. References must be numbered in order of their appearance in the text. At the end of the manuscript, list the references as they are cited; do not list references alphabetically. Journal citations should include author, title, journal, year, volume, issue, and pages. Book citations should include author, title, city, publisher, year, and pages. Authors are responsible for the accuracy of all references.

Key words. Authors are requested to provide up to 5 alphabetized key words or phrases which will be used in compiling the Annual Subject Index.

Originality. Articles are reviewed for publication assuming that they have not been accepted or published previously and are not under simultaneous consideration for publication elsewhere. If the article has been previously published or significantly distributed, this should be noted in the submission for consideration.

Manuscripts questions should be addressed to Vonetta Williams, PhD, MPH, CTR, Editor-in-Chief at JRMEditor@ncra-usa.org.

State Basket Raffle Winners

The NCRA Education Foundation members would like to express our deepest gratitude to the following states and organizations for their generous basket donations at the NCRA Conference in New Orleans:

Thank you!

Ticket sales totaled $3,986.00.

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Informatics Committee Update

How Informatics is Blowing Up Healthcare

Alison M. Hennig, B.S., CTR
Chair, Informatics Committee

Whether you realize it or not, there’s a quiet revolution taking place right now at your facility; in fact, at every hospital and healthcare organization around the country. This revolution is not the riotous type of forcible overthrow that happens in unstable governments, but a fundamental transformation of health information storage and retrieval (“informatics”) within an evolving new age of digital healthcare. Healthcare organizations are scrambling to leverage key strategic technologies to get the most from their IT systems so as to elevate workflow productivity, reduce cost, maximize efficiency, and improve health outcomes. Success in the healthcare marketplace is demonstrated by those who innovate and rapidly build momentum to lead the field, and the same can be said for cancer registrars who are able to take a big picture view. Cancer registrars ought to pay attention to paradigm changes taking place, as there will be opportunities to incorporate new informatics strategies into jobs, resulting in many of the same benefits.

Variously referred to as “digital disruption”, “disruptive innovation”, or simply “digital healthcare transformation”, the ultimate goal of this behind-the-scenes revolution is survival in a value-driven era. Imagine a healthcare practice that has not changed for the last 40 years: physician handwritten notes, records transcribed via Dictaphone on the typewriter, manual billing and ledgers, and patient folders stored in filing cabinets. Such inefficiencies render a practice neither profitable nor competitive. Even CMS (Centers for Medicare and Medicaid Services) recognized the need for healthcare systems to mature when they renamed the Meaningful Use program as Advancing Care Information, and then to Promoting Interoperability. IT infrastructure of today demands the delivery of data to the right people in the right moment through customization and optimization of the EHR into an effective format for its many end users. Game-changing differences can likewise be made in existing methods of cancer registry data collection, reporting and surveillance activities by incorporating some of these innovative changes.

To help drive innovation in informatics, hospital and healthcare organizations seek to “blow up” conventionality by holding brainstorming sessions with key members of the enterprise, breaking barriers to support their operational and financial goals. Some hospitals are on the brink of disruptive change; driven by new technological possibilities and a need to transform how they do business by leveraging technology and devising unique approaches to the creation of value or risk being overtaken in the healthcare marketplace. Their survival depends on identifying breakdowns or weaknesses in information delivery, or figuring out how to process data more rapidly or accurately and coming up with actionable solutions to overcome their biggest obstacles. Sometimes solutions require adding new technologies, such as artificial intelligence, blockchains, natural language processing, cloud adoption, telehealth, and others. In the registry, what is needed is an awareness or curiosity of what changes could be made to work smarter, imagining how to apply a certain capability to your registry’s challenges, and then asking for it. For example, your facility’s EHR may already have an artificial intelligence or natural language processing (NLP) program used by clinicians—which works like a Google search—that allows a rapid search of both structured and unstructured data within the EHR to quickly locate a term (think tumor markers, family history, occupation, radiation completion, stage, etc.). If your EHR has this capability but your abstractors do not have access or are not using it, they are likely spending much more time than is actually necessary sifting through notes to locate information.

Over the coming year, the Informatics Committee plans to define key Informatics terms and tools for registrars, and delve into more specific detail about how you might harness certain technological capabilities that may already exist at your facility and apply them to your most pressing registry challenges. Because of the general mystery among other departments about Cancer Registry functions and needs, it is unlikely that anyone at your facility is going to identify or offer these tools to you. You very well may have to request that access. With education and inspiration, it may be possible for you through Informatics to “disruptively innovate” your own registry.

A revolution’s success relies on the belief that there is a better way. When enough people participate in the revolution, embracing its beliefs and acting upon them, a “tipping point” is reached and the status quo is no longer acceptable. The revolution is here, and as cancer registrars, we should want to be standing in the middle.
I am delighted to serve on NCRA’s Board of Directors in the role of Director of Professional Development. I know I have big shoes to fill from my many wonderful predecessors.

It would be impossible to write about education and professional development this year without mentioning the many complex and detailed changes to the registry dataset that are occurring. Indeed this is foremost in the minds of all cancer registrars as we tackle the changes and hit the books big time. As professionals, I believe we must take ownership of our own education, ensuring that we continue to provide the cancer surveillance community with the highest quality of oncology data.

NCRA’s Center for Cancer Registry Education is well poised to provide educational offerings that we will need this year. The Learning Modules section contains a full suite of AJCC TNM 8th edition training. The cancer registry community is providing education on various topics, from the Site Specific Data Items to Grade to the new radiation therapy fields.

Many of us have been in the registry world long enough to have experienced first hand other significant registry changes. As experienced registrars we can mentor and guide our newer colleagues to weather the 2018 storm, so to speak. NCRA’s Mentoring Program is always seeking new mentors. Having a mentor who experienced a previous registry metamorphosis paired with a mentee who has never experienced such a change would be an excellent match. Reassurance and moral support can supplement the shared educational experience.

“Education is the most powerful weapon which you can use to change the world.” Nelson Mandela

I would like to leave you with this quote and wish you a lovely summer!

Written by: Karen A. Mason, MSc, RN, CTR
A REBUTTAL TO GEORGE BERNARD SHAW

In his 1903 play “Man and Superman”, George Bernard Shaw states “He who can does, He who cannot do teaches.” As a cancer registrar and educator, that line in the play infuriates me. However, after some research, I found that this line is really not in the play itself but is part of what Shaw calls “The Revolutionists Handbook and Pocket Companion.” This phrase is not so much aimed at teachers as it is to revolutionists.

Education is the cornerstone of registry work. Many of us have had to learn our way through the cancer registry maze through self-education, and I am encouraged to see that both formal and informal registry education is now more of a norm. More and more registry employees are taking advantage of the education they receive not only in the classroom, but on the job as well. Experience is sometimes the best teacher.

And that is what inspires me to work in the educational advancement for cancer registrar employees. Whether they want to admit it or not, cancer registrars are teachers. Time spent precepting students or auditing abstracts, or simply providing general information to fellow registrars, is invaluable. Cancer registrars love teaching one another because they know that they have all been in the same boat at least once, coming into a field that originally had no formal education and working their way to become successful and recognized in providing important and life-changing data.

Cancer registrars are always teaching, and cancer registrars are always learning. When we look back on our careers in the registry, I know that we can think of at least one teacher who has inspired us to go that extra step, bettering ourselves and better abstracting that next case. If it weren’t for those registrars who went before us and gave us so much of their previous time and knowledge, one can only wonder how our lives, the data we collect, and the lives of our patients would be impacted. Yes, we abstract and may be the collectors of data, but our data is what pushes clinicians and researchers to go that extra step and better themselves and better treat the next cancer case.

I think that Dr. F.B Naini, a consultant in facial deformities stated it best when he spoke of Charles H. Mayo, one of the founding physicians of the Mayo clinic. Naini praises Mayo who understood that “the safest thing for a patient is to be in the hands of a man involved in teaching medicine… Mayo was not only an inspirational teacher, but a surgical wonder”. In other word, those who don’t teach something can’t do it as well as they think they can.

Paulette Zinkann, BS, CTR
President-Elect/Secretary

1 So, Those Who Can’t Do Teach It? Naini, Farhad B. British Journal of Medicine, 2006/1/28; 332 (7535); 219
NPCR Program: Montana Central Tumor Registry

Initiative: Using a Central Cancer Registry to Evaluate an Asbestos Medical Screening Program

Summary: The town of Libby, located in Lincoln County, northwestern Montana, was once home to the world’s largest vermiculite mine. It operated from 1920 to 1990. In the 1980s, evidence that the vermiculite ore was contaminated with asbestos emerged, following the publication of several studies showing asbestos-related morbidity and mortality among workers exposed to Libby vermiculite. The Montana Central Tumor Registry (MCTR) assessed the cancer incidence among a cohort of community members in Libby with a history of potential occupational and nonoccupational exposure to asbestos who participated in a medical screening program. The study demonstrated that participation in the medical screening program was associated with detection of lung cancer at earlier stages. Additionally, the risk of all-cause or lung cancer-specific mortality among screening participants with screened detected late-stage lung cancers was less than residents who did not participate in the screening program.

Challenge: In response to widespread asbestos contamination, the Agency for Toxic Substances and Disease Registry and the Montana Department of Public Health and Human Services conducted a medical screening program for asbestos-related abnormalities from 2000 to 2008. The screening program consisted of a standard questionnaire, a spirometry test, and a chest radiograph. The primary objective of the screening program was to identify participants with asbestosis-related health effects, such as pleural plaques or decreased lung function, and to refer those participants for additional medical follow-up. A secondary outcome of the screening program was the detection of asbestos-related cancers, such as lung or mesothelioma.

Solution: Identifying information for screening program participants (n=8,043) from the period 2000-2001 and 2003-2008 were linked to data from the MCTR. Linkage was performed by MCTR staff in December 2014 using Link Plus software. Screening participants diagnosed with lung cancer within one year of screening were defined as screen-detected cancers.

Results: Data for 921 screening participants were linked with the MCTR. Among these participants, 1,076 cancers were diagnosed between 1979 and 2013. The number of all-site and lung cancers observed among screening participants over this time period was the same as expected, based on U.S. cancer incidence rates. Ten (10) cases of mesothelioma were diagnosed among screening participants between 1979 and 2013. This was significantly greater than the expected 2.8 cases [standardized incidence ratio 438.9, 95% confidence interval (95% CI) 166.9 – 711.0]. Nineteen (19) screen-detected lung cancer cases were diagnosed among screening participants. The proportion of screen-detected lung cancer cases diagnosed at local stage was greater when compared to other Lincoln County residents and when compared to residents of other Montana counties (31.6% versus 15.5% and 16.7%, respectively). At the end of the study period (December 31, 2012), all-cause mortality was 68.4% for screen-detected lung cancers among screening participants and lung cancer-specific mortality was 47.4%. Meanwhile, all-cause and lung cancer-specific mortality was 93.0% and 73.2%, respectively, among Lincoln County residents and 90.8% and 74.6%, respectively, among Montana residents.

Sustaining success: The evaluation indicates that the medical screening program was beneficial to the Libby community and that current lung cancer screening guidelines may not include all of the high-risk individuals that could benefit from screening. This assessment demonstrates that a central cancer registry can be a valuable data source for evaluating a community-based medical screening program in response to widespread environmental contamination.

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 the CDC, can create programs and interventions for both prevention and early detection.

The 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.
The spring 2018 CTR Exam was taken by candidates at testing centers during the March 12–31 testing window. One hundred-nine (109) candidates passed the exam and formally became Certified Tumor Registrars. NCRA’s Council on Certification proudly congratulates all new CTRs!

Alabama
Sonya Lewallen, Weaver
Charnessa Turner, Tuscaloosa

Arkansas
Jessica Green, Jonesboro

Arizona
Emily Martin, Peoria

California
Alesia Guzman, Anaheim
Stephanie Hosford, La Canada
Launie Moreno, Beaumont
Maritza Zuniga, Lincoln

Colorado
Lisa Burke, Aurora
Jennifer Houk, Fort Collins

Connecticut
Cathi Grady, Avon

Delaware
Shannon Wells, Newark

Florida
Paule Delinois, Lake Worth
Ashley Giesecke, St. Petersburg

Georgia
Jessica Frame Shuman, Pembroke
Christina Latta, Valdosta

Indiana
Dominika Afanou, Avon
Meganne Shickles, Indianapolis

Iowa
Tricia Kitt, West Des Moines
Rebecca Reed, Bettendorf

Kentucky
Sandra Brown, Covington
Brittany Farris, Louisville

Louisiana
Mary Davidson, Slidell
Andreaka Holmes, Shreveport

Maine
Cindy Poole, S. Berwick

Maryland
Maurice Davidson, Takoma Park
Pelishia Jones, Rockville
Kevia Taylor-Davis, Parkville
Huong Than, Bowie

Massachusetts
Yvonne Doherty, Bridgewater
Nicole Figueiredo, Acushnet

Michigan
Janice Bachman, Westland
Wendy Domino, Saginaw
Lisa Steinkopf, Marquette
Judy Zuercher, Detroit

Minnesota
Erin Hammell, Lake City
Melanie Johnson Elko, New Market
Joseph Kroeger, Rochester

Mississippi
Lisa Hamel, Richland
Kimberly Shows, Richland

Missouri
Catherine Bruton, Greenwood

Nebraska
Ann Tvrdy, Grand Island

New Jersey
Jennifer DiPreta, Aberdeen
Wendy Egan, Delran
Marilyn Stanley, Waretown

New Mexico
Lillian Gonzales, Albuquerque
Lori Trani, Albuquerque

New York
Ashley Belizaire, Saint Albans
Regina Boldeau, Brooklyn
Leslie Cox, East Northport
Michelle Eaton, Hamburg
Christopher Nowosielski, Albany

North Carolina
Christy Basden, Mooresville
Stephanie Cumbie, Liberty
Carmen Garcia, Angier
Kimberly Lunsford, Angier
Rhiana Poe, Winston Salem
Allison Shelor, Raleigh
Jennifer Stanley, Henderson
Rhonda Weathington, Sanford

Ohio
Constance Boone, Cleveland Heights
Michelle DiSabato, Columbus
Elizabeth Gildone, Strongsville
Nicole Gregg, Buckeye
Sarah Ramsburg, Pomeroy
Tiffany Robertson, Mayfield Heights

Oklahoma
Jessica Freeman, Bethany
Megan Hisei, Claremore

Oregon
Mary Woods, Molalla

Pennsylvania
Patricia Congdon, Gillett
Baille Ludwig Weiss, New Kensington

Puerto Rico
Shalimar Arias Santiago, San Juan

Rhode Island
Shannon Rego, Tiverton

Tennessee
Gregory Dodson, Lebanon
Brandi McAmis, Limestone
Randall Tillery, Murfreesboro
Elizabeth Toland, Powell

Texas
Orlando Nurse, Converse
Melissah Paz, El Paso
Raven Raye, Humble
Janine Roach, Katy
Diana Rosas, Houston
Ada Simmons, Houston

Virginia
Linda Berkman, Fredericksburg
Caitlin McGowan, Grimstead

Washington
Jade Dunlap, Bremerton
Melissa Rook, Auburn
Robinette Struckel, Seattle
Mary Zimny, Seabeck

Wisconsin
Diane Hedding, Mukwonago
In 2017, 477 candidates challenged the NCRA CTR Exam [Figure 1]. Of these, 281 were first-time candidates; this group posted a 64.8% passing rate [Figure 2]. Overall, 250 of the 2017 candidates passed the exam, with a 35% pass rate for repeat candidates. There are currently over 5,300 CTR-credentialed professionals.

**Eligibility Route:** In 2017, 42% of candidates selected eligibility Route A, and 58% selected Route B. This breakdown is similar to that of past years. Passing rates of candidates by Eligibility Route in 2017 were 51% for Route A and 54% for Route B. (Eligibility requirements have not changed since 2010.)

**Employer:** The primary employer of 2017 candidates continued to be the hospital registry, at 69%. The second-largest employer in 2017 was central/state registries at ~10%.

**Residency [Figure 5]:** Candidate registration—including repeat candidates—represented Puerto Rico and every U.S. state, except for Alaska, Iowa, Idaho, North Dakota, and Nevada. Additionally, 7 of the 2017 candidates were from other countries—Canada, India, Saudi Arabia and South Korea.

**Experience:** Like past years, the majority (61.6%) of 2017 candidates had between one and five years of experience. A total of 26% of candidates had less than one year of experience.

**Academic level:** Education levels of 2017 candidates were similar to those of past years: associate degree holders at ~40%, bachelor’s degree at 32%, masters at 8% and PhD at more than 2%. (In 2010, Route 1 was eliminated, requiring all candidates to have at least an Associate’s Degree to be eligible to take the exam.)

**Content Outline:** The domains of the 2017 CTR Exam were based on the Job Analysis survey conducted in 2012. The six content areas and breakdown for the 225-item examination are:

**I. Data Collection**
- Open Book (45 items)
  - A. Case Finding
  - B. Abstracting / Coding
- Closed Book (78 items)
  - A. Case Finding
  - B. Abstracting / Coding
  - C. Follow-up, Survivorship & Outcomes

**II. Data Quality Assurance** (23 items)

**III. Analysis and Data Usage** (27 items)

**IV. Operations & Management** (18 items)

**V. Cancer Committee and Conference** (23 items)

**VI. Activities Unique to Centralized Registries** (11 items)

**Passing Score:** There were multiple test forms administered during 2017. The equitable cut score of 154 was established for one exam version and 156 for the other using the Angoff Method—the most commonly used standard setting method among criterion-referenced tests. Candidates who correctly answered at or above the passing score were certified.

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
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<tbody>
<tr>
<td>Katina Acker</td>
<td>Grand Rapids, MI</td>
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<td>Maram Abdulaziz Al Abbad</td>
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<td>Ray City, GA</td>
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<tr>
<td>Tracy Nitowski</td>
<td>Lower Burrell, PA</td>
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Susan Oyoolo ........................................ Columbus, OH
Mini Palliparambil.................................. Ellicott City, MD
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