NCRA STRATEGIC MANAGEMENT PLAN (SMP)

BARBARA DEARMON, CTR | IMMEDIATE PAST PRESIDENT, GPEC CHAIR

NCRA Vision Statement: Curated data … advancing outcomes

NCRA Mission Statement: Empower and advance registry professionals through innovations in education, advocacy, credentialing, and strategic partnerships.

The NCRA Strategic Management Plan (SMP) is this association's guiding document for our vision, mission, programs, and priorities. The last SMP was implemented as a five-year plan in 2006 and was extended by incorporating updates over the years. In May 2018, NCRA sent out a survey to gather member feedback as the basis for a new SMP. The 2019–2023 plan acknowledges the ever-changing work of the cancer registrar and seeks to focus the association's programming and services on ways to empower registrars to define their futures and advance the profession.

Thank you to my fellow GPEC members Dianne Cleveland, Susan Koering, Dana Lloyd, Linda Corrigan, and Lori Swain. I would also like to thank the members of the working group that gathered last fall to help develop the new SMP, and the members who took the time to complete the survey.

—continued on page 4
Dear Readers,

It seems that v18 is finally upon us! Some registries at the state level finally have their EDITS clean enough that they are able to start accepting hospital and incidence facility cases through CDC-provided software. Several facilities that use commercial vendor software have already made their first 2018 submissions. It is exciting to finally see the much-talked-about and extensively-prepared-for 2018 changes becoming a reality! Hopefully everyone has taken advantage of all the training opportunities that the NCRA and others have provided during the interim and is fully prepared to make the conversion.

We expect some bumps here and there as all these changes are implemented and become a reality. Things that initially seem to make sense will not and issues and questions will arise, forcing standards setters to continually reevaluate the rules. An example is the version 18c edits update that was made available this past Monday, June 29th. This dataset mandated another recalculation of state EDITS, temporarily stalling submission again (but only for a relatively short time!) while they are addressed.

The challenging and exacting nature of our profession necessitates frequent review of standards, policies, etc. and oftentimes changes intended to improve data collection and management are the result. All who work in our field must be cognizant of our patience levels with everyone we encounter on a professional level—registry managers, state reviewers, standard setters, vendors, etc.—and remain flexible throughout the ongoing testing, implementation, review, and update processes.

We are well on the way towards the completion of the 2018 changes. As registrars, we must continually stay on top of how these changes evolve and understand the difficulties inherent in implementing such dramatic changes in a highly nuanced field and to such a wide audience. And, of course, always remember—we are all in it together! When something happens that frustrates you, there are probably ten other individuals both up and down the ladder who are also frustrated by the same situation for various reasons.

Best of luck to all as we move towards a new horizon in the cancer registry!

Laura E DeFino
President’s Message

“Our hope is that this combination of oversight and cross-communication of the cancer registry/surveillance leadership community and organizational leadership of AJCC and COC will provide a means to coordinate scheduled changes.”

JANET REYNOLDS, BA, CTR | NCRA PRESIDENT

Two short weeks after I was installed as NCRA President I traveled to Pittsburgh for the NAACCR annual conference. During that conference, a meeting of leadership representatives from each of the profession’s standard setters was convened to address ongoing issues with implementation of the 2018 changes. Recognizing the interconnected nature of every action taken by each of the organizations represented, a new method of oversight for standards development was proposed.

A few months later, NCRA was invited to name representatives to two groups tasked with overseeing the development and implementation of the new standards: a High-Level Strategic Group (HLSG) and a Mid-Level Tactical Group (MLTG).

The primary purpose of the HLSG is to ensure high-level coordination and communication among all cancer surveillance organizations regarding the development and implementation of major changes in standards. HLSG membership consists of senior decision-makers from each standard setting organizations as well as representatives from several major stakeholder organizations. NCRA is represented on this group by NCRA executive director Lori Swain and myself, Janet Reynolds.

The MLTG is charged with forecasting changes to cancer surveillance collections standards, evaluating needs as they relate to changes in oncology practice, and recommending new standards or changes to existing standards as a result. Any proposed change will require a workplan and timeline for the development of technical changes, an assessment process intended to determine the feasibility of the change as well as the impact on cancer surveillance operations, and approval through the HLSG. Once approved by the HLSG, the MLTG plans for the development of technical standards/specifications for changes. Jennie Jones is NCRA’s appointed representative on the MLTG.

In an effort to mitigate the impact on those who collect, report, and analyze cancer data, the MLTG will work closely with involved technical groups to ensure that satisfactory progress is achieved in developing technical specifications and that the development process progresses according to an approved timeline. The HLSG will be informed if the development timeline is not adhered to; further direction regarding the timing of the proposed changes then lies at their discretion.

After evaluation and verification that the development phase was completed satisfactorily, the MLTG will coordinate the implementation of changes. This process includes formulating a work-plan and timeline for implementation; coordinating between technical groups, contractors, software vendors and funding agencies; and identifying any gaps in resources required to achieve these timelines.

Our hope is that this combination of oversight and cross-communication of the cancer registry/surveillance leadership community and organizational leadership of AJCC and COC will provide a means to coordinate scheduled changes. Ideally this will identify and address potential delays before the changes reach those of us who abstract the data on a daily basis.

Thank you for allowing me to serve as your president.
2019-2023 Strategic Management Plan

VISION  Curated data ... advancing outcomes
MISSION  Empower and advance registry professionals through innovations in education, advocacy, credentialing, and strategic partnerships.

DEFINING THE FUTURE
- We visualize a future where there will be the increasing demands for more real-time, pertinent curated health data from an ever-growing and evolving matrix of patient information.
- We believe that the integral role of the registrar will require ever-increasing responsibility and skills to oversee, analyze, and construct relevant linkages in the development of data pipelines.
- We believe the role of the registrar will require an increasing need for nimbleness, use of technology, and a voice throughout the continuum of the data pipeline in order to have a positive impact on quality of care.
- We imagine a future with a continually increasing survivorship, expanded patient support, and broadened public information networks leading to healthier communities.

GOAL 1
EDUCATION: Understand ongoing needs and leverage technology to ensure diverse and comprehensive educational programs for registry professionals.

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<th>OBJECTIVE</th>
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<td>A  Develop and deliver products, services, and activities for entry level, intermediate, and advanced professionals.</td>
<td>1. Using 2018 SMP Survey data, work with Education Committee to define topics, authors, and timeline for development.</td>
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<td>2. Promote education through a comprehensive communications plan.</td>
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<td>3. Assure easy and timely process to approve CE hours to support CTRs in maintaining the credential.</td>
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<td>4. Study concept of virtual roundtables to bolster member-to-member educational sharing.</td>
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<td>5. Continue the development and delivery of the Journal of Registry Management.</td>
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<td>B  Continue to expand onsite practicum opportunities and develop virtual solution options to meet the Formal Education (FE) Program practicum requirements.</td>
<td>1. Research and prepare a report on the need and efficacy of the 160-hour clinical practicum.</td>
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<td>C  Promote and market the Center for Cancer Registry Education (CCRE) website to highlight its offerings and increase usage.</td>
<td>1. Create and implement a comprehensive communications plan to promote the CCRE and specialized campaigns for specific products.</td>
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<td>2. Expand central registry outreach by building online resources to address specific needs and coordinate with central registries and other partners.</td>
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### GOAL 2

**CREDENTIALING:** Develop, promote, and administer relevant credentialing to meet current and future needs of the profession.

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| **A** Deliver credentialing process based on best practices. | 1. Utilize existing studies and conduct new research to validate the Certified Tumor Registrar (CTR) exam content and adjust content accordingly.  
2. Evaluate criteria for candidate exam eligibility.  
3. Study and recommend CTR exam restructuring concept options to the NCRA Board.  
4. Evaluate the need for new credentialing options to support the field. |
| **B** Devise a plan to update the Certified Tumor Registrar credential name to align with current professional practice terminology and evolving scope of practice. | 1. Study the process and implications of changing the name of the CTR credential. Apply best practices and include the impact on current credentialed individuals; NCRA contracts, legal documents, and established processes; partner agency policies; and state/federal regulations. |
| **C** Institute a promotional campaign to increase the number of certificants and champion individuals with NCRA credentials. | 1. NCRA Communications staff works with the CTR Marketing Committee to define campaign goals.  
2. Create the campaign and implement it. |
| **D** Deliver a relevant and user friendly maintenance process for NCRA credentials. | 1. Gather user feedback and re-certification industry best practices on maintenance process.  
2. Review and implement updated qualifying CE activities.  
3. Study NCRA’s AMS software capacity to deliver desired process and make needed adjustments. |

### GOAL 3

**PROFESSIONAL AND CAREER DEVELOPMENT:** Create and deliver effective content, programs, products, and services across career phases.

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| **A** Identify current and emerging professional development needs. | 1. Create a Professional Development (PD) Task Force (TF).  
2. Using 2018 SMP Survey data, PD TF defines topics, activities, and timeline.  
3. Review Mentoring Program to add enhancements for peer-to-peer support. |
2. Secure contract with consultant to manage process.  
| **C** Bolster the connection of membership to professional development, enhance volunteer engagement, improve volunteer management, and promote volunteerism as professional development opportunities. | 1. Determine best practices in volunteer engagement and management to support recruitment and retention at NCRA. |
### GOAL 4

**ALLIANCES AND ADVOCACY:** Strengthen the profession’s voice by engaging proactively as a powerful advocate to raise awareness, enhance collaborative relationships, and affect change.

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<td><strong>A Identify, develop, and maintain collaborative partnerships.</strong></td>
<td>1. Using SMP Survey results and partner outreach develop a master list of current and potential collaborative partners.</td>
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<td>2. Identify existing and new relationship opportunities specific to each existing and potential collaborative partner.</td>
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<td>3. Prioritize collaborative efforts and proceed to engage accordingly.</td>
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<td>4. Promote collaborative efforts using comprehensive communications plan.</td>
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<td><strong>B Identify desired policy changes and advocacy priorities.</strong></td>
<td>1. Work with Advocacy and Technical Practice Directors (ATPDs) in an ongoing basis to identify policy/advocacy priorities.</td>
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<td>2. Engage policy consultant to support drafting of policy positions/advocacy priorities.</td>
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<td>3. Maximize relationships to influence desired policy change/advocacy priorities.</td>
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<td>4. Inform all constituents of policy priorities and advocacy activities, leveraging the use of technology, media, and collaborative partnerships.</td>
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<td><strong>C Proactively track legislative, regulatory, and policy activities impacting the profession.</strong></td>
<td>1. Define areas to track and prioritize goals.</td>
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<td>2. Assess tracking options and products.</td>
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<td>3. Work with ATPDs and policy consultant to decide on approach and plan.</td>
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<td>4. Implement plan.</td>
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<td><strong>D Expand the Raise Your Voice program to broaden outreach.</strong></td>
<td>1. Work with ATPDs to assess and identify improvements for Raise your Voice program.</td>
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<td>2. Implement process approved by the Board.</td>
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<td><strong>E Promote the value and importance of the cancer registry profession.</strong></td>
<td>1. Identify specific audiences to target: current cancer registrars, potential cancer registrars, managers, human resource departments, and academic institutions.</td>
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<td>2. Develop and implement targeted outreach plans for each audience and include a robust social media component.</td>
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<td>3. With focus on improving workforce conditions and workforce planning, promote usage and adoption of new SOC in the medical registry community.</td>
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### GOAL 5

**MEMBERSHIP:** Ensure satisfaction and increased engagement by building membership, anticipating needs, and providing exemplary programs, services, and opportunities.

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<td><strong>A Continue and expand member recruitment and retention activities to grow the membership and increase renewals.</strong></td>
<td>1. Work with Membership Committee to develop membership recruitment and retention plan(s). Include specific approaches for international membership, state association engagement, and other medical registry prospects.</td>
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<td>2. Review and assess existing membership categories and consider updates.</td>
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<td><strong>B Continue to assess member satisfaction and adjust programs and services accordingly.</strong></td>
<td>1. Regularly send surveys (or other instruments) to gauge real-time member satisfaction.</td>
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<td>2. Work with Membership Committee to prioritize, budget, plan, and implement changes to improve satisfaction.</td>
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<td><strong>C Enhance membership communication modes for improved reach and connection.</strong></td>
<td>1. Integrate membership outreach into NCRA’s comprehensive communications plan.</td>
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<td>2. Increase use of website as a resource for new member information.</td>
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<td>3. Explore new communication mediums to increase member engagement and outreach.</td>
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### GOAL 6

**ORGANIZATIONAL SUSTAINABILITY & GOVERNANCE:** Use best practices in fiduciary responsibilities and management of human resources to ensure the viability and growth of the association.

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| **A Support an organizational structure of volunteers, staffing, and contract services that serves the organization’s vision, mission, and goals.** | 1. Review, update, and support adherence to the association’s administrative policies and procedures.  
2. Review, update, and support adherence to NCRA’s Code of Ethics.  
3. Maintain a process to assure delivery of the NCRA Strategic Management Plan (SMP).  
4. Review, update and support NCRA governance management and activities to adhere to knowledge-based board structure.  
5. Evaluate and address staffing needs, including the ability and/or need to hire in-house CTRs or contractors.  
6. Evaluate the need for alternative technologies to ensure an open communications model.  
7. Understand and implement best practices in volunteer governance to maintain strong and continuous volunteers.  
8. Understand and implement best practices in staffing to maintain strong and continuous staff team members. |
| **B Ensure the financial stability of the organization through sound financial management of existing resources, market analyses, and revenue streams.** | 1. Finance and Membership Committees review membership dues regularly to assure they are appropriate for services offered, market appropriate, and support association-related expenditures.  
2. Finance Committee assesses NCRA fees for products and services to ensure they are appropriate for services offered, market appropriate, and support association-related expenditures.  
3. Maintain high-quality relationships with funding partners to leverage continued support and new funding from existing partners.  
4. Maintain best practices in the management of NCRA funds, property, and resources.  
5. Recognize all opportunities to reduce expenses.  
6. Maintain reserve goals. |
| **C Continue to strengthen the operational stability of the organization through business agreements and partnerships.** | 1. Evaluate existing business agreements, partnerships, and possible revenue streams through a Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis.  
2. Maintain a robust business operations platform with up-to-date technology and software that enables and increases efficiencies. |
NCRA’s advocacy program has been engaged over the last several months in initiatives to promote priorities for registries and registrars that will benefit the entire cancer community’s research and patient care goals.

WELCOMING NEW MEMBERS OF CONGRESS

NCRA invited the North American Association of Central Cancer Registries (NAACCR), to partner in reaching out to the new class of nearly 100 senators and members of the House of Representatives. We wrote to each of those new members, welcoming them to Washington, introducing our organizations, sharing information on the importance of the cancer registry and offered to be resources in policymaking.

NCRA A ONE VOICE AGAINST CANCER (OVAC) COALITION MEMBER

NCRA is entering its third year as a member of the Washington DC based coalition OVAC. OVAC is a collaboration of national non-profit organizations representing millions of Americans, delivering a unified message to Congress and the White House on the need for increased cancer-related appropriations. OVAC asks its members for guidance on legislative priorities and in 2018 NCRA successfully advocated for an increase in their recommendation for CDC cancer programs related funding in the FY2019 US Federal Budget. Similarly, for 2020, NCRA was successful with OVAC agreeing to including an additional 7.7 percent increase in its legislative agenda for the FY2020 US Federal Budget in support of CDC cancer registry program.

With the support of NCRA and NAACCR, OVAC is tentatively planning a briefing for congressional staffers on the value of cancer registries in order to promote increased support for and understanding of the registry process. This will be the first legislative briefing solely focused on this topic! Also OVAC asked NCRA and NAACCR to help in the development of a fact sheet on cancer registries to use at lobby activities in 2019. That document was developed as a tool to promote the specific legislative priorities of OVAC.

OVAC MINI-LOBBY DAY

Thanks to NCRA Board Members Leah Kiesow and Vanessa Stinson for representing us at the OVAC coalition’s “Mini-Lobby Day” in February and making sure that the staff for key congressional budget leaders were well informed of the importance of cancer registries and data. Our board members, armed with the OVAC Cancer Registry Fact Sheet, helped brief the health and budget aides on cancer fighting organizations’ funding priorities as government budgets are developed.

Leah and Vanessa were able to answer questions about the data collection process, central and national registries/repositories and particularly the 2-3 year lag time between initial data collection and when data is available to the public and researchers. While Leah reported that some staffers were familiar with the need for more real-time data and data sharing, she said they were not aware of the complexities of the data processing and that systems need to be updated. The NCRA representatives were able to educate key decision makers on determining needs in underserved communities, disparities in cancer care, providing education to the community, and survivorship as well as more detailed information on survival as it relates to stage and treatments.
The Social Media Committee posted new Social Media Guidelines in the fall of 2018. The committee notes in those guidelines that the Member Group Page on Facebook is unique and that it functions like your personal Facebook page. There are over 3,000 members or “friends” on this page. As with your personal Facebook page, there are both positive and challenging aspects of it. The best part of the Member Group Facebook page is that it allows for real-time interaction among NCRA members. Challenging aspects include NCRA’s need to monitor the page daily to “accept” friend requests (i.e. member requests) and that staff, because of time constraints, cannot monitor it 24-7 for inappropriate postings. It should be noted that NCRA does not undertake editorial control of postings. As a result, members are asked to abide by the guidelines.

The Social Media Committee will be revising the guidelines in the summer. To inform that effort, the committee is hosting a roundtable at the annual conference in Denver. Please plan to participate, so the committee can better understand members’ social media needs. Details on the roundtable will be in the conference bag.

Some key components of the Social Media Guidelines are noted below. You can access the complete guidelines and join the Facebook Member Group page at www.ncra-usa.org/socialmedia.

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**KEY COMPONENTS OF THE SOCIAL MEDIA GUIDELINES**

**General Usage Guidelines**

- Post only messages that meet the common needs and interests of NCRA members.
- All communication should be respectful, professional, and “on topic.”
- Avoid personal-opinion posts. For example, political and religious posts are not appropriate for NCRA's professional Facebook Member Group.
- Personal messages should NOT be posted. Such messages should be sent as a “private message.” Personal is defined as messages intended for a single recipient or messages not intended for the broad cancer registrar community.

**Abstracting and Reporting Questions**

- Abstracting or reporting questions should be directed to a member’s state central cancer registry or the standard-setter’s official Q&A forums. Any answers to such questions would need to be validated in the appropriate manuals. When members post specific case-related questions, they can be in violation of HIPAA.

**Surveyor-Related Postings**

- Surveyor-related questions are inappropriate to post. NCRA understands that registrars are seeking information from the NCRA community, however, these posts are public and may be viewed by the surveyors you are asking about.
Dolores Krull Michels-Harper, CTR, Memorial Fund

The Florida Cancer Registrars Association’s (FCRA) Education Foundation has established the Dolores Krull Michels-Harper, CTR, Memorial Fund to honor the passing of a cancer registry pioneer. Former NCRA President Dolores Krull Michels-Harper passed away November 25, 2018, in Instow, England. Dolores had a distinguished career as a CTR serving as Manager of the Division of Patient Registries at Allegheny General Hospital in Pittsburgh, PA. She was also an adjunct instructor in Registry Administration at the School of Health Related Professions at the University of Pittsburgh.

One of her most unique experiences was serving as the Cancer Program Director of King Faisal Hospital and Research Center in Riyadh, Saudi Arabia. Before moving to Saudi Arabia, Dolores was active in many cancer registry associations including NCRA [then the National Tumor Registrars Association (NTRA)]. She was a founding member of NTRA and served as its President during 1981–1982. Delores was awarded the NTRA Distinguished Member in 1992. She was instrumental in establishing NTRA’s participation in evaluating cancer registry curriculum for formal education programs, including the one at University of Pittsburgh. Dolores was also active in the Pennsylvania Tumor Registrars Association, serving on many committees and as President (1975-76). She was also a Liaison to the American Joint Committee on Cancer (AJCC) and served on several committees and working groups for the ACoS CoC. In addition, she was an active volunteer for her local American Cancer Society.

Dolores was also a good friend to FCRA, choosing Orlando for the location of the annual NCRA conference in 1982 when she was NCRA president. She also participated as faculty for several FCRA educational conferences and was chosen as an Honorary FCRA member in 1989. To honor all of the contributions Dolores made to the education of cancer registrars throughout her career, the FCRA Education Foundation has created the Dolores Krull Michels -Harper Memorial Fund.

The FCRA Education Foundation was founded as a vehicle to fund education for cancer registrars to ensure that the quality of the cancer data collection and analysis will continuously improve through the education in cancer registry management and its evolving practice. Please help FCRA recognize Dolores’ many contributions to the cancer registry profession by making a gift to the Dolores Krull Michels -Harper Memorial Fund. The FCRA Education Foundation is a 501©(3) organization, so all donations are tax deductible.

Please send donations to the Dolores Krull Michels-Harper Memorial Fund to:

FCRA Educational Foundation c/o
Martha E. Oliva, BS, CTR
Coordinator Cancer Program
League Against Cancer/Liga Contra el Cancer
2180 S.W. 12th Avenue
Miami, FL 33145
Education is the foundation of NCRA as an organization, the cancer registry profession, and us as individuals. As we look back at the past 45 years (35 for me) I look at how far we have advanced. One essential that will never cease is the need to continue our education. Rapid advances in medicine keep the need to be current in our knowledge of oncology at the forefront of our careers. As Education Director of NCRA there is not a more needed time for us to provide our members with relevant and robust training opportunities.

We enter 2019 with the requirement to learn, comprehend, and interpret all of the new 2018 changes. For some it is an extremely daunting, ominous, and frightening time to be a Cancer Registrar. In particular, those relatively new to the field may feel this way. However, those of us who have been around for some time find ourselves optimistic, hopeful, and confident that we will once again conquer the challenges.

Key to this point of view is knowing about the resources that are available to help manage these changes. A 3-part Webinar series on “Mastering the Store Manual” was recently released by NCRA. We will continue to bring you webinars throughout 2019, as will other platforms that provide educational opportunities to registrars. NCRA’s 2019 Annual Conference is open for registration. This provides a wonderful opportunity to glean several days’ worth of knowledge at one time, and in a fun atmosphere!

I encourage you to visit the NCRA website for additional educational opportunities. You can locate the NCRA Center for Cancer Registry Education- under the “Education/Online Education” tab. I would also like to point out the “Resources/Best Practices” tab. Here you will find mini learning shorts-10 minute presentations on a variety of topics created by the Education Committee. We will continue to post additional mini learning shorts as they are finalized and released.

I encourage all of you to remain strong and always keep in mind, as I have, that the data each and every one of us collects directly impacts our patients’ lives as well as the lives of future patients for generations to come.

Sincerely,

Cheryl Sheridan, CTR, RHIT

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**Practice**

*the 8th Edition of the AJCC Cancer Staging System*

[www.ncra-usa.org/casestudies](http://www.ncra-usa.org/casestudies)
The NCRA Education committee is excited about this spring's upcoming series of webinars focusing on transitioning from FORDS to STORE. Janet Vogel, CTR, started the series with a birds-eye overview of STORE, followed up by Wilson Apollo's two-part webinar covering the new radiation data fields.

As a gift to our members, Jocelyn Hoops is offering a complimentary webinar on learning strategies for the 2018 changes. To register for any of our webinars, go to www.CancerRegistryEducation.org/live-webinars.

You may wonder: how do we select our topics? We listen to you, our members. In that regard, we are currently soliciting suggestions for topics and speakers that you would consider pertinent to your daily work to address in the fall of 2019. Contact your Education Programs manager, Mary Maul (mmaul@ncra-usa.org) or your Education Committee Chair, Juliet Wilkins (wilkins.juliet@mayo.edu) with your suggestions.

As always, completed webinars are archived and posted to the Center for Cancer Registry Education as learning modules. Go to www.CancerRegistryEducation.org/Learning-modules to get started.

NCRA's Education Committee continues to promote clinical practicum activities that are now available online through the Independent Clinical Advisors (ICA) program. This includes a 9 CE hour Casefinding module with 100 exercises for students. To learn more or volunteer as an ICA, go to www.ncra-usa.org/ICA.

This February, the AHIMA CRM program completed a massive review and overhaul of all their coursework and materials to incorporate 2018 changes. This involved an enormous amount of work, many hours of labor, a great deal of collaboration between NCRA and AHIMA, and a tremendous effort on the part of all involved.

NEW MINI-LEARNING SHORTS
Several New Mini-Learning shorts (modules) have been recorded by members of the Education Committee. We’re growing the list, so we’ll be adding more topics as 2019 goes on. Please send the Education committee your suggestions for future Mini-Learning Shorts.

They’re free and you can find them at: www.cancerregistryeducation.org/best-practices

A few examples of topics you might see over the coming months are:

- SSDI: General Overview
- Numbers in the SAR
- Follow-Up
- SS 18
- STR's
- STORE

FOA & CTR PREP LIVE WORKSHOPS IN DENVER
The Education Committee will be offering both the Fundamentals of Abstracting Workshop and the CTR Prep Workshop live at the Educational Conference in Denver this year.

Which is the right choice for you? While you’re welcome to attend either one, they serve different functions. The Fundamentals workshop is intended to serve registrars who have worked in the field for one to three years and covers the current coding manuals. The CTR prep workshop covers manuals used in the current version of the CTR exam for those preparing to sit for the CTR exam in summer/fall 2019.

NCRA BADGING PROGRAM ONLINE
You can now earn badges to signify that you’ve accomplished the end of a particular unit of study or completed a goal. These badges are able to be displayed in your NCRA profile and over social media. Start earning your badges today. Currently, badges are available for completing either the live or the archived 8th edition training and setting up your NCRA profile through the NCRA website.

Learn more at: http://www.cancerregistryeducation.org/learning-modules
In 2018, 588 candidates challenged the NCRA CTR certification exam. There were 380 first-time candidates; this group posted a 74.5% passing rate. Overall, 381 of the 2018 candidates passed the exam, with repeat candidates posting a 47% pass rate. There are currently over 5,500 CTR-credentialed professionals.

Eligibility Route: Similar to past years, nearly half of all of 2018 candidates selected eligibility Route A, and more than half selected Route B. Passing rates of candidates by Eligibility Route in 2018 were 59% for Route A and 70% for Route B. (Eligibility requirements have not changed since 2010.)

Employer: The primary employer (90%) of 2018 candidates continued to be the hospital registry. As expected, the second-largest employer in 2018 was central/state registries.

Residency: Candidate registration—including repeat candidates—represented every U.S. state plus Puerto Rico and Washington, DC. Additionally, seventeen candidates who tested in 2018 were from other countries.

Exam Specifications: The content of the 2018 CTR Exam were based on the Job Analysis survey conducted in 2017. The closed-book section had 120 items and the open-book section had 60 items. The seven content areas and weighting for the 180-item examination are:

- Casefinding (10%)
- Data Quality Assurance (15%)
- Abstracting/Coding (35%)
- Analysis and Data Usage (10%)
- Follow-up (10%)
- Registry Organization and Operations (10%)
- Cancer Program Accreditations (10%)

Passing Score: There were multiple test forms administered during 2018. The equitable cut score of 122 was established for one exam version and 114 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.

Visit [http://www.ncra-usa.org/CTR/Certification-About](http://www.ncra-usa.org/CTR/Certification-About) to read the full 2018 CTR Exam report.
Finance Committee Update

The Finance Committee consists of Misty Sonnenberg, Senior Treasurer; Margaret “Peggy” Wight, Junior Treasurer; Janet Reynolds, President; Barbara Dearmon, Immediate Past President; Paulette Zinkann, President Elect/Secretary; Lori Swain, Executive Director; Merrill Lynch/BlackRock, Investment Firm; Buchanan & Mitchell, P.C., Auditors; and Morgan, Lewis & Bockius, Legal Counsel.

The NCRA staff and the finance committee recently completed the 2019 budget, which took about 3 months and was approved at the Board’s winter 2018 meeting. NCRA staff works very diligently to ensure that only necessary expenses are in the budget. They also take a conservative approach when estimating income. The 2019 budget shows an income over expenses balance of $28,535.17; NCRA ended 2018 with $26,829.74 of income that exceeded expenses.

NCRA is currently working on a request for proposal (RFP) for the NCRA investment account manager as well as the NCRA staff’s 401K account manager. It is important to ensure that NCRA’s investments and staff retirement accounts are well managed, continually maximizing returns while minimizing related expenses. Misty Sonnenberg, Senior Treasurer, worked with NCRA staff member Ingrid to develop an RFP form that will be sent out to Merrill Lynch/BlackRock as well as four other investment firms. All responses will be thoroughly reviewed within the framework of the NCRA financial goals. We hope to have an update on these results at the annual meeting in May.

Misty Sonnenberg

JRM Call for Papers

Have you thought about writing an article or manuscript for the Journal of Registry Management (JRM)?

Do you have a quality control/quality 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 has 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 singular topic that is a well-delineated issue and has current and direct relevance to the profession. Present your arguments and conclusions as succinctly as possible, avoiding unnecessary verbiage. The Journal of Registry Management is particularly interested in manuscripts that focus on the following topics:

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

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

**Main body of the paper:** The paper can be a case study, quantitative findings, qualitative history, or points of discussion. One method of developing the body of an article is to begin by creating an outline consisting of headings and subheadings. Beginning with an outline forces you to think through your entire article proactively and can help identify holes in the argument or presentation early. Once you have the skeleton outline completed, you can then fill in the missing pieces by adding text to the headings and subheadings.

**Conclusion:** The conclusion should be more than a simple restatement of the work done. It should provide unique insight and contribute to the body of knowledge within the profession. It should, of course, flow logically from the rest

---continued on page 15
of the essay. Depending on the nature of the paper, it may draw conclusions from the materials you have presented or it could summarize your findings. It will ideally recap the main points and suggest further research and investigation or encourage 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 (this includes methodology papers about registry organization and operation)
- Research papers reporting findings of original, reviewed, data-based research
- Primers providing tutorials on relevant subjects
- “How I Do It” papers that provide instructional guidelines
- Opinion papers/editorials including position papers, commentaries, and essays that analyze current or controversial issues and provide creative, reflective treatments of topics related to registry management
- Letters to the Editor
- Specifically-targeted Bibliographies of significant interest.

**Manuscripts (Research Articles).** Articles should follow the standard format for research reporting (Introduction, Methods, Results, Discussion, References), as well as the submission instructions outlined above. The introduction will normally include an abstract, background information, and a rationale/justification as to why the subject matter is of interest to the readership. The discussion often includes a conclusion subsection. A comprehensive reference list is encouraged, as are appropriate 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 that are 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 skills, increase efficiency, or enhance registry operations.

**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 for their relevance. References must be numbered in order of their appearance in the text. At the end of the manuscript references should be listed in the order that 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 when 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 L. Williams, PhD, MPH, CTR, Editor-in-Chief at JRMEditor@ncra-usa.org or (813) 745-1783.
NPCR Program: Texas Cancer Registry

Initiative: Leveraging Cancer Registry Data to Optimize Colorectal Cancer Screening Strategies

Investigators: Ashley Dixon, MPH, Epidemiologist, Texas Cancer Registry, Cancer Epidemiology and Surveillance and Branch, Texas Department of State Health Services; Erin Gardner, MPH, Epidemiologist, Texas Cancer Registry, Cancer Epidemiology and Surveillance and Branch, Texas Department of State Health Services

Summary: The opportunity exists for population-based cancer registries to support improving colorectal cancer screening efforts and patient health outcomes through data access and linkage. Research centers participating in the National Cancer Institute’s Population-Based Research Optimizing Screening through Personalized Regimens (PROSPR) consortium are using linked colorectal cancer screening and cancer registry outcomes data to determine whether colorectal cancer patients receive recommended tests and treatments. The results will be used to identify best practices for colorectal cancer screening and ultimately plan to reduce colorectal cancer morbidity and mortality.

Challenge: Colorectal cancer is one of the leading causes of cancer death in the United States and is especially burdensome among minority and medically underserved vulnerable populations. Early detection through screening is key to reducing colorectal cancer mortality. Promoting screening in order to decrease mortality has been a national goal for the past 20 years.

Screening rates for colorectal cancer in underserved communities are especially low. Research shows that approximately 15% of those without insurance are screened, whereas the screening rate is 50% among those who are insured. Additionally, screening rates in African American and Hispanic populations are considerably lower than the white population. To achieve decreases in colorectal cancer incidence and mortality, screening regimens that will prove most effective and efficient for these specific populations must be determined.

The difficulty with colorectal cancer screening is the complexity of the process. There are various modalities and strategies used for screening, including: guaiac-based fecal occult blood testing (gFOBT) or fecal immunochemical testing (FIT) every year, flexible sigmoidoscopy every 5 years with gFOBT/FIT every three years, or colonoscopy every 10 years. Furthermore, colorectal cancer screening requires more than just one-time screening; in the case of abnormal results, it requires diagnostic evaluation of the results and may include follow-up care or treatment.

Solution: In 2011, the National Cancer Institute (NCI) established the Population-Based Research Optimizing Screening through Personalized Regimens (PROSPR) program, funding seven research centers and a statistical coordinating center, with the goal of understanding how to improve the screening process for screening-amenable cancers. As part of this NCI initiative, the Parkland-University of Texas (UT) Southwestern PROSPR Center was established as one of only three research centers focused on colorectal cancer screening, and the only center specifically targeting a medically underserved population. Parkland Health and Hospital System is the only safety-net health care provider in Dallas County, Texas, serving the uninsured and underinsured population. Thus, partnering with Parkland to form the PROSPR center at UT Southwestern provides a unique opportunity to study colorectal cancer screening in an underserved, racially and ethnically diverse population.

Each year, the Texas Cancer Registry (TCR) conducts a data linkage between the Parkland-UT Southwestern PROSPR cohort data and registry data to identify patients in the PROSPR cohort with a colorectal cancer diagnosis. Following the linkage, the TCR provides the researchers with cancer registry data, including treatment and tumor characteristics for those patients in the PROSPR cohort who had a diagnosis of colon or rectal cancer. The resulting linked database is used to determine whether colorectal cancer patients receive the recommended tests and treatments per the protocols established through the Parkland-UT Southwestern PROSPR center research, and to contribute linked data to the national PROSPR Statistical Coordinating Center.

—continued on page 17
**Results:** New members continue to join the observational cohort study; therefore, TCR will continue to conduct annual data linkages between the TCR data and the Parkland-UTSW PROSPR cohort data through study completion. Although final study results are not yet available, initial findings suggest that screening participation rates in safety-net health care provider settings are higher when using outreach screening strategies, such as mailed invitation letters to undergo FIT or colonoscopy, than when using the traditional screening strategy of primary care provider visit-based screening. Ultimately, results from the analysis of the linked data will be used to improve the quality of care for Parkland patients and others receiving care through safety-net health care providers. In addition, the findings might inform future local, regional, and national efforts to improve the quality of cancer screening.

**Sustaining success:** Based on the research conducted at Parkland-UT Southwestern PROSPR Center, additional initiatives have been funded to expand colorectal screening programs, including mailing FIT test kits to 165,000 underserved residents in 20 surrounding suburban and rural counties and ensuring that these residents have access to follow-up care. Additionally, scientists with the Simmons Cancer Center at UT Southwestern are already improving the delivery of screening and preventative care based on the research and insights achieved at the Parkland-UT Southwestern PROSPR Research Center. The linked Parkland-UT Southwestern PROSPR cohort-TCR data is provided to the national PROSPR Statistical Coordinating Center, which houses a central data repository, enabling future research and analysis.

**Contact:** Melanie Williams, Melanie.Williams@dshs.texas.gov

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FILLING IMMEDIATE POSITIONS

STOP BY BOOTH #15 | APPLY AT CHAMPSONCOLOGY.COM/CAREERS

Join a team of cancer information specialists who improve patient care by delivering and transforming high-quality cancer data into actionable information for clients across the country.
WELCOME TO THE NEW MEMBERS WHO JOINED (JANUARY–MARCH 2019)

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<thead>
<tr>
<th>Name</th>
<th>City, State/Province</th>
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<tr>
<td>Troy Abrahams</td>
<td>Ann Arbor, MI</td>
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Kristi Greene ............................Latrobe, PA
Alisha Grogg ..............................Alexandria, VA
Rhonda Guns ..........................De Pere, WI
Brittany Hadfield ......................Waterford, CT
Kristin Hall ................................Katy, TX
Carolyn Harlan .........................Houston, TX
Brittany Harris..........................Flushing, MI
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Kebra McDaniel ..........................Maysville, NC
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Roustem Nabioullin .................Hollis, NH
Nalalei Nagawo .............................Everett, WA
Jayme Narciso .............................Albany, NY
Michelle Naugle ..........................Windsor, PA
Carle Nickel ..............................Saint Charles, MO
Carmen Nieves ............................Melbourne, FL
Angela Oestreicher ......................Hutchinson, MN
Kerry O’Reilly ...............................North Syracuse, NY
Susan Osgood .............................Broomfield, CO
Katherine Palmer ........................Meadowbrook, PA
Marnie Patterson ........................Richlands, NC
Jennifer Pavao ..........................Somerset, MA
Eric Perdue ...............................Pensacola, FL
Erika Plybeah Hemphill ..............Cordova, TN
Anne Powell ..............................Salem, OR
Pamela Quinn ..............................Chattanooga, TN
Heather Reese ............................Hyndman, PA
Stephanie Rego .............................Providence, RI
Eugenio Relleve ...........................Weston, FL
Melissa Rismiller .........................Miamisburg, OH
Abigail Rivera .............................Columbus, OH
Ashley Roberts ............................Smyrna, TN
Allison Roche .............................Walden, NY
Lisa Rodgers .............................Byhalia, MS
Heather Rombach ..........................Saginaw, MI
WELCOME TO THE NEW MEMBERS WHO JOINED (JANUARY–MARCH 2019)

—continued from page 20

Fachon Romero .........................Minneapolis, MN
Melissa Rook ............................Auburn, WA
Sheila Roth ...............................Sioux Falls, SD
Jeffrey Sager .............................Phoenix, AZ
Kristen Santoyo ........................Chico, CA
Kelly Saunders ..........................Chatham, OH
Joey Schneider .........................Nashville, TN
Judith Seeger ............................Lenexa, KS
Diane Setser .............................Bradenton, FL
Heidi Shaffer .............................Athens, GA
Judy Shay .................................Cerro Gordo, IL
Heather Shipley ...........................Knoxville, TN
Heide Shumway ...........................Ojai, CA
Joy Sideris .................................Clearwater, FL
Ryan Slominsky ..........................Gardena, CA
Michele Smith ............................Gray Court, SC
Darlene Stangel .........................Chesterfield, MI
Ashley Stansbury .......................Green Cove Springs, FL
Krista Sterup ............................Bellevue, NE
Felicia Stevens ..........................Chesapeake, VA
Victoria Stubbs ..........................Rochelle, GA
Verna Summerer ..........................Cross Plains, TN
Polli Svoboda ............................Palm Beach Gardens, FL
Lisa Tanner ...............................Columbus, GA
Terri Terrazas ............................El Paso, TX
Rasmey Thach ............................Fremont, CA
Marie Toguchi ............................Honolulu, HI
Alexandria Tommasone ................Schenectady, NY
Beth Trask ...............................Waterloo, IA
Stephanie Turcic ........................Blairstown, NJ
Elaine Turlington ........................Secane, PA
Mumal Usman .............................New York, NY
Lisa Valdez ...............................Newton, KS
Allison Vasquez ..........................Kyle, TX
Jessica Voight ............................Columbia, TN
Erin Volcek ...............................Ralston, NE
Cathy Watkins ............................Cary, NC
Nancy Weber .............................Adrian, MI
Andrea Whisnant ........................Willis, VA
Toni Whitten ..............................Jackson, TN
Robin Wicker .............................Niceville, FL
Erica Wilhelm ............................Bellevue, OH
Katherine Wilks ...........................Louisville, KY
Sherry Willard ............................Surprise, AZ
Benita Wozniak ..........................Conroe, TX
Cherol Young .............................Delano, MN
Jonathan Zammit ........................Troy, MI
Emma Zhu .................................Diamond Bar, CA