



The Sentinel

The Newsletter for the Association of North Carolina Cancer Registrars

Summer 2006



Message from our President: *Elizabeth Tucker, CTR*

Hello Members,

When I was growing up, living on a farm in Surry county and deeply entrenched in 4-H, June meant Dairy month, swinging under the big maple, 4-H camp, working in tobacco and canning the produce from the garden.

However, now it means- **BETTER HAVE THE CASES ABSTRACTED AND FINISH UP THE YEAR!** I think I liked my options as a child better.

I hope all of you have completed or are near completion of your 2005 cases. In recent years, I have received training from the COC as an Independent Consultant for hospitals seeking accreditation or reaccreditations. One of the areas that I have noticed a distinct change has been the area of cases being abstracted six months from date of first contact (Standard 3.3). In recent years, the surveyor would ask if we were current; we would run a report and that was that! If we were current at survey we were fine. Now, the report will include all three years, if you are being reaccredited, or the last year if you are new program. That report will need to include identification (accession #, medical record, etc) date of first contact and the date the case was abstracted. That may put an entirely different spin for some hospitals, because we must be compliant for all years, not just the current one! One year being behind in our abstracting could cause a deficiency.

Changes are certain when you are a Registrar! I would think that most of you, especially those who have worked in registry work for many years, would think that is a great understatement! Check the November/December FLASH at <http://www.facs.org/cancer/cocflash/novdec2005.pdf> for information on the change in Class 0. Also, remember the Fords (beginning with the 2006 cases), has other changes that are listed in the new/ revised FORDS. The COC Oncology Standards has been revised. Each of these can be downloaded or a hard copy can be purchase.

Have you reviewed your CP3R data yet? Even if your survey is still a year away, you need to review this data (<https://web.facs.org/datalinks/>). It is important to review and send in corrections to these cases if needed. In almost all cases, the data for your hospital will improve after submitting the corrections. This is also a good report for your Cancer Liaison Physician to present at Cancer Committee. If you have any questions, please give me a call. It will also give you an opportunity to share with the Cancer Committee how very important follow-up letters are and especially complete treatment information from the physician's office.

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Where will your Registry be four years from now?

At ERS, we constantly seek to answer such questions and focus our resources on your long-term success. That is why over three hundred Hospitals have entrusted their registry system to ERS, and we continue to serve our clients in relationships that have lasted over fifteen years.

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At ERS, we are exclusively focused on the Cancer Registry and with our team of highly qualified CTR’s and Software Engineers, we deliver High Performance Applications, fully compliant with the FORDS, NAACCR, AJCC, STATE REPORTING & HIPAA standards, Accurate and Tested Data Conversions, On-site Training, and a full complement of Support Services to keep both your Cancer Registry system and your Skills up to date.

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Since this has been such a cheerful article, I will leave you with a couple of thoughts. One, if you are interested in serving as an officer for ANNCR contact Blanche Sellars at annie.sellars@rexhealth.com. If you are a new member, you might want to serve on one of the committees. If so, at the fall meeting, just contact the new president and tell her of your interest. And speaking of the fall meeting, the brochures are coming out shortly. Put it on your calendar September 11-13. We will be meeting at the Pine Needles Lodge & Golf Club in Pinehurst. The web site is www.pineneedles-midpines.com, in case you want to check out the facilities. Leta Vess, Carol Burke and the Program Committee have planned a great program. I hope to see each of you!

*Elizabeth Tucker, CTR
President*



*Did you get soap you are allergic to?
Towels in the wrong shade of fuchsia? A
leash for your cat?*

*Don't regift that unwanted item you
received for Christmas, your birthday, or
Valentine's Day!*

*Save it for the ANCCR white elephant
sale, auction & raffle! All those items
and more could make money for the silent
auction to benefit ANCCR...*

*Just bring them with you to the Annual
Meeting.*

*Need more information or have some
questions? Call Patricia West, CTR at UNC
HealthCare at (919) 966-2607 or e-mail at
pwest@unch.unc.edu.*

2005– 2006ANCCR Board



2005-2006 ANCCR Board: Pictured from left to right: Blanche Sellars, Tina Harkey, Deborah Carrethers, Judy Robertson, Inez Evans, Paige Tedder (hiding beside Inez), Adaline Brown, Cathy Rimmer, Deborah Thorne, Leta Vess and Carol Burke. Missing from picture are: Elizabeth Tucker, Carol Dickinson, Melissa Pearson, and Sherilyn Breitenbach.

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The NCRW Celebration

As the unofficial event planner of the unofficial group of WNC (Western North Carolina) Registrars, I am writing this short article to tell you how we celebrate together the comedy and tragedy of being registrars.

Each year our group gets together for National Cancer Registrars Week to celebrate our friendship and camaraderie. As the unofficial event planner my job is to send out a notice about two months in advance with a date and potential location for the meeting. Since we are geographically challenged we try to find a place that is centrally located. I also try to find a date that week (or within a week or so timeframe) that will work for the majority of the registrars that work in WNC. Normally that day is Friday but can be on any day of the week depending on the group's schedule.

This year we met at my house so I could cook for the group to thank them for their encouragement to me through the process of building my house. The Mission Hospital folks brought the beverages and the NCCCR, Park Ridge and Pardee employees brought dessert.

We celebrated three people with new houses and one person with a new career. There have been times when we have found out about divorce or children with problems. We are all here for each other. It is exciting to see each other. We keep in touch by email but it is great to actually meet with professionals that you can bounce ideas off of or find out what the surveyor was really like. This year I actually had to pull out my ICD-O book as we were discussing a tonsil primary and laterality. Okay, that may have been so we could all call it a working lunch, but it felt real.

Each year at Christmas part of us take on a service project. In the past we have bought Christmas for two children with a mother dying from cancer, for a little boy in kindergarten that wouldn't have Christmas and this year we found a registrar in Mississippi that we could send gift cards to that had lost her home and all her possessions in the hurricanes. We meet for lunch to gather the gifts and then one person in the group delivers the gifts. It is our way of giving back.

I hope all of you had the joy of being taken to lunch or honored in some way for your contribution to the field of Cancer Registry. If you have another hospital close to you that has registrars call and invite them to get together for lunch next year (or next week – it's never to late to celebrate) or at Christmas this year. It's a great way to network, learn more about our profession and make some truly great friends.

Western North Carolina Registrars group that meets for NCRW week every year.



L-R first row: Cindy Isom, CTR; Kathlene Biswas, CTR; Carol Burke, CTR; Melissa Chandler, CTR L-R Back Row: Tara Lewis, CTR; Mike Farkas, CTR; Melissa Pearson, CTR; Lauren Jones, CTR; Pam Helbein, CTR. Behind the Camera: Tina Harkey, CTR.

**HIGHLIGHTS FROM THE NCRA BOARD OF DIRECTORS' MEETING
MAY 5, 2006
Submitted by: Inez Evans**

NCRA is finalizing negotiations with Minneapolis, the anticipated site of NCRA's Annual Meeting for 2008. NCRA has not had a meeting in Minneapolis in many years, so this will be sure to be an exciting event! Anyone who wishes to be considered for the position of Program Committee Chair should watch for the NCRA e-mail "blast" that announces the "call". One will be delivered shortly, announcing the call for candidates for the 2008 Program Committee Chair. This chair will also be serving as a member of the 2007 Program Committee, so it's important that this person be selected shortly. Submit your application when you see the announcement if you would like to be considered for this position. Remember that it helps if you've had past experience in setting up an Annual Meeting, even if it's at a state or regional level.

A separate e-mail "blast" will be sent later in the year announcing a call for candidates for other Committee Chair positions. Be sure to list any experience you may have had working with any committee at any level. State, regional, national, or even non-NCRA committee work is all considered by the Board when reviewing the applications. The Nominating Committee will be starting their search for eligible candidates for the various Board positions that will be opening up in 2007, including the Eastern, Western, and Midwestern Advocacy and Technical Practice Directors (ATPD). Chosen candidates will run for their desired position and be elected by the membership. If you would like to be a part of a future NCRA Board of Directors, be sure to submit your name to the Nominating Committee for ballot consideration.

On an even more exciting note, NCRA will be submitting a proposal to co-host a meeting of the International Association of Cancer Registries (IACR) in 2009 in New Orleans! IACR holds its Annual Meeting throughout the world. In the past year it was held in Uganda; this year it will be in Brazil. In 2007 it will be held in Slovenia, then to Australia for 2008. It is due to be held in North America in 2009, and we hope to make our Association part of it. New Orleans has an international flavor all its own, and has been a favorite destination for overseas guests for many years. More information will be forthcoming, so stay tuned!

Don't forget that, effective with this CE cycle ending in 2006, if you are in an "even cycle" and are due to submit your credits this year, they must be received by January 31, 2007 or a late fee will be applied. This is a change from the past, when CTRs were allowed up until the end of February to get their credits recorded.



NCRA Comments from Carol Burke

I had the pleasure of attending the NCRA National Conference in Washington DC this month. The meeting was wonderful and I must say that NC was very well represented, both by attending registrars and speakers. There were several physicians from NC who spoke on various topics. The presentations were all very good (no sleepers) and covered a wide variety of topics, including the multiple primary and histology rules. I must admit that part made my head hurt!! We are indeed fortunate to live and work in such a beautiful state, and are blessed to have an organization like ANCCR to belong to. Thank you for giving me the opportunity to attend this very beneficial meeting.

“Female Breast Cancer Incidence, Stage at Diagnosis, Treatment and Mortality in North Carolina”

Submitted by Karen Knight, Central Cancer Registry

The North Carolina Central Cancer Registry announces a new publication on the State Center for Health Statistics website, titled "Female Breast Cancer Incidence, Stage at Diagnosis, Treatment and Mortality in North Carolina"

This study used breast cancer incidence data from the NC Central Cancer Registry (CCR) and breast cancer mortality data from the vital statistics unit of the SCHS to examine recent breast cancer incidence, stage at diagnosis, treatment and mortality differences between white and African American women in North Carolina. Also, trends in incidence and mortality were examined for the 1990 to 2002 period. Results indicated that that the age-adjusted breast cancer incidence rate for white women in NC is 1.1 times the rate for African American women, but the age-adjusted breast cancer death rate for African American women is 1.5 times the rate for white women. Much of this difference is due to African American women being substantially more likely than white women to have breast cancer diagnosed at the regional or distant stage. Mortality is higher when breast cancer is diagnosed at a later stage. African American women were somewhat less likely to receive hormone therapy and more likely to receive chemotherapy than white women, regardless of the stage at diagnosis. Breast cancer death rates declined somewhat for both white and African American women from 1990 to 2002.

The results suggest the need for increased preventive breast cancer screening for African American women, so that more cancer cases can be diagnosed at an earlier stage, as a means of reducing racial disparities in breast cancer mortality. The decline in death rates for both white and African American women suggests earlier diagnosis of breast cancer and more effective treatment for women in recent years. The full article can be read or downloaded from the SCHS web site: <http://www.schs.state.nc.us/SCHS/pdf/SCHS150.pdf>

Studies such as this one are made possible due to complete reporting of staging and treatment data for all breast cancer diagnoses.



Tidbits of Useful Information

Here is a WebSite where you can find any hospital in the US. Click on the State where the hospital is located and then find the hospital you are looking for and click on it. Then, go above it and click on "List Address" and the hospital's address will appear below it's name:
<http://www.hospitallink.com/>

Deadline for submission of Level II data has been extended to July 11. Remember any COC facility must indicate the facility's decision to release Level II data every year.

**North Carolina Central Cancer Registry
Quarterly Data Submission
(reprinted from initial e-mail from Lisa Cole dated 4/20/06)**

--- Reminder ---

The **July** data submission containing **fourth** quarter data is due July 1 to the NC Central Cancer Registry. Please upload all eligible cases abstracted since your last submission to the Health Registry Network (www.healthreg.net).

Completeness: Analytic cases must be completed and uploaded within six months from the date of initial diagnosis. Non-analytic cases must be completed and uploaded within six months of first admission to your facility. Prior to submitting, review data for missing or incomplete information, such as data items coded to unknown and dates containing 88888888.

EDITS: Cases reported to the CCR must have passed all edit checks. Run EDITS on all cases and make any necessary corrections prior to uploading.

Upload Errors: In the event a case does not upload to the HRN database due to an error, follow the directions in the NC Cancer Collection and Reporting Manual on correcting errors in Ticket Manager. Do not forget to also correct errors in your database.

Minimum Reporting Schedule (monthly reporting is encouraged):

STATE LAW: The North Carolina Central Cancer Registry operates by state law Authority G. S. 130A: 205; 130A-208 through 130A-213 and requires reporting to the NCCCR within six months of diagnosis.

Diagnosis Month Uploaded to HRN By:

First quarter	January 1
Second quarter	April 1
Third quarter	July 1
Fourth quarter	October 1

If you have any questions, please contact your contact at the CCR:

Quality Management Staff	Phone number	E-mail address
Doug Carter	919.715.4557	Doug.Carter@ncmail.net
Barbara Hempel	919.716.0099	Barbara.Hempel@ncmail.net
Melissa Pearson	828.232.5062	Melissa.Pearson@ncmail.net
Wendy Tingle	252.635.6532	Wendy.C.Tingle@ncmail.net
Jeremy Williams	919.715.0097	Jeremy.Williams@ncmail.net

NOTE: Please do not submit cases to Health Registry Network that were diagnosed in 2006 in NAACCR Version 11. We will inform you when the software is ready to accept these data.

Rex's CLP Fairytale Success Story

Once upon a time...

It was one year before our next Survey, and our managing physicians' staging completion rate was abysmal. The cancer registry had been auditing it monthly for over a year, and in spite of the various ways we tried to bring it up, nothing had worked.

That is when our Liaison Physician Dr. Seth Weinreb approached me after a cancer committee meeting and said that the only way he could see of bringing up the staging completion rate to the 90% level required by ACoS was to send the staging forms with attached pathology reports directly to the managing physicians' offices instead of having Medical Records place them in the hospital medical chart as was our custom.

I was all for racing full steam ahead, but Dr. Weinreb, being a surgeon himself and knowing how surgeons react when presented with a new concept that breaks with tradition, encouraged us to proceed slowly and with extreme caution. The director of the cancer center and I were invited to attend the next surgeons' departmental meeting in order to answer any questions, but as it turned out, this was unnecessary. Dr. Weinreb had already discussed the situation with the Chairman of the Surgeon's Board and won his support. This came in quite handy when the proposal was made and then discussed by all the surgeons. Dr. Weinreb shot down all the objections one by one, and when it was time to vote, the surgeons themselves made the decision to change. Gaining their support made all the difference between success and failure when the change actually came about. Now if a surgeon objected, Dr. Weinreb could tell him that the issue had been discussed and voted on in the last surgeon's meeting, and he was sorry if they missed that meeting.

Another diplomatic move on Dr. Weinreb's part was to send a letter out to all the affected staff physicians about two weeks before we actually put the new process into practice. He wrote another letter that we sent out in the same envelope as the blank staging form, the pathology report/s, and the specially marked SASE.

I'd love to say that after all this preliminary planning there were no problems, and everything went smoothly. It didn't; but Dr. Weinreb handled all the surgeons' criticisms personally, taking the burden off the registry. The process was tweaked and improved as we went along, but in the beginning there were certainly snags, and Dr. Weinreb found himself being looked upon as the "Staging Form Storm Trooper." Needless to say, he wasn't happy about this attitude from his colleagues, but he remained his usual calm, diplomatic self and rode out the storm.

We've been using this system for over a year now, and the doctors no longer complain, our staging form completion rate stays around 95%, and Dr. Weinreb is our hero!

And we all lived happily ever after.

This success story has been recorded by:

Sheri Breitenbach, CTR

Coordinator, Rex Cancer Registry
Raleigh, NC

Distinguished Member Award
Linda G. Mulvihill, RHIT, CTR
Article submitted by Inez Evans

Excellentia Per Scientiam, Scientia Per Educationem. These were the words found on the NCRA logo for many years. Excellent through Knowledge, Knowledge through Education. No one has worked harder to bring these words to life than Linda Mulvihill.

To summarize Linda's dedication to the cancer registry profession in a few words would be to say she has always put the advancement of the cancer registrar at the forefront of her every action and her every decision. She has strongly believed that building a solid foundation through education was an absolute necessity to achieving excellence.

Linda has demonstrated this belief in education in so many ways. One of the most notable was the development of the 'Training in Cancer Data Collection' workshop offered by the Association of North Carolina Cancer Registrars (ANCCR). Linda, who was President of ANCCR at the time, saw a need for basic training for the cancer registrars in North Carolina. She worked with the American College of Surgeons to develop a workshop to teach new cancer registrars basic fundamentals and cancer registry principles and practice. Under her leadership as coordinator and instructor, a five-day intensive training workshop was developed. The first workshop was held in 1993, and since then, the workshop has continued to grow in size and in reputation. Today, cancer registrars from all over the country attend this workshop each year.

Through her role as coordinator of ANCCR basic training workshop, Linda was in constant communication with new registrars across the country and understood the need for more widely available basic training opportunities. Having put so much into the development of this workshop, it would be natural and certainly understandable to not want to relinquish all of this hard work to someone else. But not Linda. She worked with NCRA, ANCCR and the workshop's instructors to have the ANCCR Training in Cancer Data Collection workshop materials donated to NCRA so that NCRA would have a solid foundation for developing a basic training workshop of their own. NCRA was able to form a basic training subcommittee and this year, at the NCRA Annual Meeting, NCRA will be offering its first basic training workshop using these donated materials.

In 2001, NCRA made the move to self-management. A lot of work had to be done that year - hiring staff, establishing priorities for the staff and the organization, protecting the finances, leading a Board of Directors and the members through a new way of doing business and seeing that the organization was headed in the right direction. This was the year Linda served as President of NCRA. To say it was a challenging year would be an understatement. She led the organization through the establishment of an executive office and the Council on Certification. She led the development of the first strategic plan for NCRA as a self-managed organization and directed the restructure of NCRA Board of Directors as the Chair of the Governance, Evaluation and Planning Committee.

However, she didn't stop there. After completing one of the most active times in NCRA history as President, she didn't retire to her corner for a well-deserved rest. She returned and immediately began work on other committees. She chaired the Work Force Study Task Force with the purpose of obtaining an accurate account of issues related to the shortage of CTR's in order to support the NCRA Strategic Management Plan that called for the development of comprehensive recruitment and retention program. The article, "Rationale for a Cancer Registrar Work Force Study", was published in the Winter 2004 issue of the *Journal Of Registry Management* and received the IMPAC Journal of Registry Management Best Paper Honorable Mention Award. She also authored

a chapter on Recruitment and Retention for a central cancer registry textbook soon to be released. Last year, Linda returned to the NCRA Board of Directors as the Recruitment and Retention chair to carry forward these recommendations. The Workforce Study results and recommendations will become part of the new Strategic Management Plan for the organization and foster a closer working relationship with other organizations that rely on the data provided by cancer registrars. These results will hopefully encourage colleges to start programs for cancer registry education and most of all, be used to attract others to our field.

In 2004, a unique opportunity became available when NCRA and AHIMA agreed to develop an online Cancer Registry Management certificate program. Linda was selected as one of the content developers and volunteered countless hours to the development of two specialty courses for the now approved NCRA Formal Education program. These contributions will bring more awareness and another avenue for entrance into the cancer registry profession. Last fall, over 50 students started taking the online class with many more working on the pre-requisite requirements.

Linda is, without a doubt, the cancer registrar's advocate. In the 16 years as a cancer registrar, Linda has served on numerous committees, task forces, and board positions for the National Cancer Registrars Association, the North American Association of Central Cancer Registries, and the Association of North Carolina Cancer Registrars. In every situation, regardless of the audience, she has remained steadfast in her determination to raise the bar for education and bring awareness to the cancer registry profession, never wavering from her stance to always speak up for the best interest of the cancer registrar. She is not only a mentor, but always sets an example of enthusiasm and professionalism for the profession.

It is often hard to put your hands around the magnitude of someone's contributions or assign him or her a value. Sometimes, the product of this hard work is the very forefront of everything we see or do and the contributions are very evident. However, most often, the impact of someone's contributions are more subtle and not so easily measured, sometimes simply laying the foundation for greater things to come. Linda often works at the grassroots level, planting seeds with strong roots that continue to grow and thrive. She values and understands the need for new and energetic volunteers and is always actively recruiting new faces to work on committees or to run for NCRA office. Linda Mulvihill's dedication and ability to put words into action are an invaluable asset to our profession and therefore, so deserving to be bestowed the honor of NCRA's Distinguished Member Award.



NCRA Comments from Leta Vess

The 32nd Annual NCRA Educational Conference took place in Washington, DC, May 5-8, 2006. There were lots of people, old friends, new acquaintances, information and educational opportunities in abundance, sightseeing and a little (?) bit of partying. There was even a registrar from Australia (besides Carol Dickinson!)

The entire registry staff from FirstHealth Moore Regional Hospital was fortunate enough to attend the conference (that's one commendation standard met!). Carla King, Debbie Greenspon, Elaine Jones, and Leta Vess arrived in DC on Friday morning, and after checking-in to our rooms (that were ready early, thank you, Crystal Gateway Marriott), we had lunch and began our learning experience. We headed for the National Zoological Park via the Metro to see the Pandas! The Zoo and the Metro were great and we enjoyed seeing the creatures, both inside and outside the Zoo.

The official education sessions began Saturday morning with a ballroom full of registrars listening attentively to an excellent and inspiring talk on Cancer Survivorship and the role registrars play in tracking and helping improve outcomes for all cancer survivors.

My favorite sessions were the two plenary sessions on Informatics, discussing integrating the CAP protocols with hospital registries and central registries and also automating capture and delivery of pathology and surgery report data to the cancer registry and other stakeholders. The speakers detailed opportunities to improve the accuracy and thoroughness of the data, the usefulness of the data and the efficiency of data collection.

Elaine found the presentation on “Prevention planning: Case studies of cancer registry operations at times of natural disaster” particularly interesting and meaningful, as the speakers discussed the various elements that comprise disaster planning for registries and illustrated their talk with examples.

There was an excellent presentation by Carol Hahn Johnson on the multiple primary and histology coding changes that are coming (there will be a session at the fall ANCCR meeting on this as well) and Jerri Linn Phillips led a thorough discussion of coding radiation with FORDS. Carla found both of these talks very helpful and well done.

The session on job satisfaction and career commitment, led by Linda Mulvihill and others, was relevant and informative, according to Debbie. Topics discussed were primary job functions, working conditions, wages and benefits, and as well as satisfaction and commitment. Debbie also thought the presentation on coding radiation with FORDS was useful.

The overall message of the meeting was that the data we collect needs to be as complete, accurate and consistent as possible so that it will be most useful in the continuing fight against cancer. The annual meeting is also a great time to experience being in a big group of people, and everyone knows what it means to be a cancer registrar!



Tidbit of Useful Information from the Inquiry and Response System

www.facs.org

Question 1. “With the revised standards, which values in the Staged By fields would count toward satisfying Standard 4.3? Would this vary between programs with different designations?”

Answer: To be compliant with Standard 4.3, 90% of all analytic cases with AJCC staging schemes would have the "staged by" codes 1: Managing physician or 3: pathologist and managing physician.

Question 2. Standards 8.1 and 8.2: If a physician on the Cancer Committee attended a hospital wide meeting where an improvement plan was implemented and there was an action plan and minutes taken, can the meeting be used as one of our actions plans if it was not documented in the cancer committee minutes?

Answer: Quality studies and improvements are to be cancer-related, reviewed, and approved by the cancer committee each year. Without documentation of cancer committee involvement, the studies and improvements would not meet the standards. If this 'plan' can

be cancer-related, it can be brought to the cancer committee for discussion and document the outcome.

Question 3. Per the download copy of the CS updates on the web dated 8/19/2005: SSF4 and SSF5 for 888 Not applicable. CS Lymph Nodes not coded 00. The CS Flash Help CS AJCC dated 4/25/05 SSF4 and SSF5 for option 888 Not applicable. CS Lymph Nodes not coded 00 and 05. Which documentation is correct and why?

Answer: The information in the 8/19/2005 replacement pages is correct. The sentence for code 888 should read, "CS Lymph Nodes not coded 00."

Question 4: In reviewing our melanoma staging form, it appears Stage IIIA and Stage IIIB groups include N1a and N2a for T2b-T4a. For example, a T2 N1a M0 can either be a Stage 3a or Stage 3b. Is this correct?

Answer: It depends upon whether the primary melanoma is ulcerated or not (Tb vs. Ta). So a T1-4aN1a is Stage IIIA and a T1-4bN1a is upstaged to Stage IIIB. Curator .

Question 5: If a patient was diagnosed at the reporting facility and it was unknown if or where the patient underwent all first course of therapy, is the class of case 0 or 1?

Answer: This would be a class of class 1. Patient diagnosed at the accessioning facility for whom it is unknown whether treatment was recommended or administered

Question 6: A staff physician submitting a specimen to the lab is a class 7; but what if the pt comes into the facility for a bone scan, does this change the class of case to 0 or is it still 7 because no Tx was performed?

Answer: This case would be a class 0 for your facility. On or after 1/1/06 class of case 0 are no longer required to be staged or followed. If the diagnosis date is prior to 1/1/06, staging and follow-up is required. Standard 4.3 requires AJCC staging for all analytic cases. The CoC still requires class of case 0 patients to be collected and abstracted.

***This is just examples of some of the more recent questions posed in the inquiry and response system on the COC website**



Updates from COC Flash

The COC will hold the next Survey Savvy workshop on December 4-5, 2006 at the Intercontinental Hotel in Chicago. Look for more information forthcoming in the COC flash and on the COC's website.

This falls NCDB call for data will request information for data years: 1985, 1990, 1995, 2000 and 2005. The call for data will open October 2, 2006 and the initial submission of cases is due by November 17, 2006.

Ways and Means Update
Submitted by: Patricia West

Ways & Means are adding a few NEW things this year! So, bring your cash, or check book, and get ready to support your Association!

1. We will take one of our nicer donations and make it a Mystery Gift! We will tell you how much it is worth, but will not give you any clues! This item will be auctioned off as a silent auction item!

2 We are going to add a "Made By Members" Corner! So, we are calling on ALL our crafty Members, (family members, or friends crafts will also be accepted), to donate at least one, (we will take more than one), of your crafts to be auctioned off! You can contact any Member of Ways & Means to tell us what you will be bringing or sending to the Meeting for donation!

3. We are also planning a "Movie Night" on Tuesday Evening! We will be charging admission and selling snacks! We will give more details on this at the Meeting!

4. We will have a basket at the back for your Monetary Donations for the Scholarship Fund for Lindy Harrison's Children.

Numerous Reading Glasses and accessories have been donated, by Staples in Chapel Hill, to Ways & Means. Some of them also include the case! Regular prices on the Reading Glasses are \$9.99 to \$24.99! Because there are so many of them, these items will be sold outright--first come gets a better selection! The price for the Reading glasses and accessories will be sold at 75% off of the regular price! Sell price will be \$2.50---\$6.25. These will also be sold at group prices determined by the individual price. For ex. \$2.50 each for the Regular \$9.99 price or 3/\$6.00 or \$6.25 each for the Regular \$24.99 price or 3/\$17.25.

Also, there are a few ANCCR T-Shirts left that we are going to sell outright, for 75% off, as well! Regular price was \$10.00. Sell price will be \$2.50 each or 3/\$6.00!

All of us on the Ways & Means Committee have worked really hard to come up with these New Ideas and we hope you are just as excited about them as we are!!!!

So bring plenty of money!!!!

Ways & Means Committee

Patricia West, Chairperson 919-966-2607
Christina Nifong, Backup Chairperson 336-408-9552
Cathy Murphy 919-544-3717
Kathy Smith 704-783-3239 ext 8581

Association of North Carolina Cancer Registrars
HOSPITAL BOOK UPDATE
DEADLINE for Return:

The hospital listing maintained by the Association of North Carolina Cancer Registrars is being updated for 2005. Please fill out the form *completely* for your hospital – even if you have notified ANCCR of changes this year. The master list needs to have all corrections.

Hospital Name: _____
 Address: _____
 City: _____ Zip: _____

Phone Numbers: (include AREA CODE)	Bed size: _____
_____ Hospital	
_____ Health Information	Analytic caseload: _____
_____ Radiation Oncology	Software: _____
_____ Cancer Registry	ACoS Approved: _____
_____ FAX	Date last survey: _____
	ACoS Category: _____
	Reference year: _____
	Incidence only: _____

Report for other hospitals: _____

Staffing
 FTE's: _____ PTE's: _____ CTR's: _____

Staff Names/credentials	Job Title	Phone	Email

RETURN TO: Adaline Brown, RHIT, CCS, CTR
 Cancer Registry Coordinator
 Moses Cone Regional Cancer Center
 501 N. Elam Ave., Greensboro, NC 27402
 FAX: 336-832-0841
 PHONE: 336-832-0832(wk) or home 336-918-1252

Letter from Editor:

Boy time has flown by since the last newsletter. So much has happened since then, NCRA National Meeting, Cancer Registrars week, deadline for submission of state data just to name a few. Even my job has changed. For those of you who haven't already heard Moses Cone Health System outsourced their registry to Certicode and I accepted the job of Cancer Registry Coordinator. I am responsible for Moses Cone, Annie Penn, Randolph and Morehead Hospital's cancer registry. We have also had some staff changes in the registry. All the abstracting is being done by Independent Abstractors and working at home. With this also came some major changes in the way we did things. Some of the areas we had to think about when trying to get our abstractors home were: Staging Forms, Computer Access and Outside Specimen reports just to name a few. I am happy to say that most of these issues have been resolved and we are now up and running remotely from home. With the exception of my administrative person and myself everybody is at home and loving it.

We want to publish a new hospital book for the fall meeting and I need your help. Even if you submitted information last year at the fall meeting, please fill out the form in this newsletter and either mail, fax or e-mail to my attention. We want to ensure that we have the most current and accurate information at the time of printing. We will have the new hospital books available at the fall meeting.

It's that time of year again to vote for your new officers for next year. The next edition of the newsletter will mainly consist of the candidate's profiles but if you have any other information you would like to submit before the deadline of July 15, 2006, please let me know.

Don't forget to mark your calendars for the upcoming fall meeting in Pinehurst, September 11-13th. The program committee along with the ways and means committee has put a lot of time and effort into making this year's program a great success.

If you have any ideas or articles of interest for the newsletter, please send them to: adaline.brown@mosescone.com



. Reminders and Updates

- ❖ HIGHLIGHTED version to the FORDS manual and updates of changes as of 10/11/05 available at: http://www.facs.org/cancer/coc/fords_manual.html
- ❖ Replacement pages for Collaborative Staging Manual Part 1, Version 01.00.00 incorporating minor page corrections thru July 15, 2005 available on the AJCC website: <http://www.cancerstaging.org>.
- ❖ Summary for coding Class O tumors available at: <http://www.facs.org/cancer/ncdb/class0.pdf>.
- ❖ NAACR 2006 implementation Guidelines and Recommendations: <http://www.facs.org/cancer/coc/naacr2006.html>
- ❖ New Fords Errata for 2006 cases: <http://www.facs.org/cancer/coc/fordsmanual.html>
- ❖ Save time editing in the future- download and edit with each newly abstracted case: <http://www.facs.org/cancer/ncdb/newlyabstracted.html>

THE WAYS & MEANS COMMITTEE ARE LOOKING FOR A FEW GOOD VOLUNTEERS!!!

Do you enjoy doing any of the following:

1. Selling Raffle Tickets
2. Collecting Donations
3. Help Setting Up Tables For Selling Items and Taking Them Down Afterwards
4. Selling Items
5. Thinking Up Fun Things To Do
6. Help Plan Those Fun Things
7. Helping Out With Whatever Needs Doing

If you like doing one or more of the things listed above--volunteer to become a Member of the Ways & Means Committee. We are looking for a few good volunteers that range from people who want to help do one or two things--to people who want to help with everything. The biggest two things that we need help with are Collecting Donations for the Silent Auction, and the White Elephant Sale, and Raffling off tickets at the Meeting. To volunteer call Patricia West at 919-966-2607 or e-mail her at pwest@unch.unc.edu

Patricia West, RHIT, CTR
Ways & Means Chairperson



stronger together



- Timely Updates
- Intuitive Abstracting
- Multiple Quality Checks
- Streamlined Follow-Up
- Flexible Reporting
- Automatic Case Finding
- Chart Integration

- Pathology Integration
- Death Match™ & SSDI™
- CIRF™ & NODB™
- Visualization & Analysis
- Professional Support
- Commitment
- MRS® & Précis™**

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