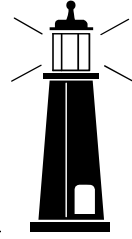


The Sentinel



The Newsletter for the Association of North Carolina Cancer Registrars

Fall 2007



Message from our President

Carol Burke, CTR

Dear ANCCR Members,

First of all, I would like to say thank you for electing me to serve as President. What an honor it is to work with each and every one of you.

I hope that 2007 has been good to you so far! We all know that the new Multiple Primary and Histology rules are now in effect and I hope that you have been able to attend some of the Webinars that are being held throughout the state. Speaking of the Webinars, please let me know if you are planning to purchase a subscription to the next series of Webinars that will start in the fall. This will help the board in our planning process.

The planning committee is busy working on the fall meeting and I know you will all enjoy the program they are putting together. This year marks the 30th anniversary of ANCCR, and we plan to celebrate this anniversary while in New Bern in September.

In the upcoming newsletters there will be articles from different members on the ANCCR Executive Board. The purpose of these articles is to let the membership know what each board position is responsible for. Serving on the board is an excellent learning opportunity and is a wonderful way to get to know your fellow ANCCR members. Please read these articles and consider running for office or volunteering to work on one of the committees.

There will be a special issue of The Sentinel dedicated to the upcoming election of officers. Please be sure and review the candidate profiles as we prepare to elect our officers for the upcoming year. Running for office is an excellent opportunity for professional growth, and to make new friends. It is a very rewarding experience as well. If you are not interested in running for office, then serving on one of the committees is

another excellent way to be involved. There are several committees from which to choose.

Have you reviewed your E-Quip breast cancer data yet? In almost all cases reviewing and updating the data will greatly improve your statistics in this report. There is valuable information here that your Cancer Liaison Physician should review and share with your cancer committee. This is in addition to the C3PR colon cancer data that was released last year. When we were surveyed recently, this was not part of the scoring for survey, but this will be the case in the future.

The NCRA national meeting was held in Las Vegas, NV in April and was attended by over 1500 registrars! North Carolina was well represented with lots of attendees as well. The NC basket was won by our own Cathy Rimmer!! Next year the NCRA meeting will be in Minneapolis, MN; New Orleans, LA in 2009 and Palm Springs, CA in 2010. There was a lot of discussion at this years meeting regarding the electronic medical record and how it will affect our work. Of course there are a lot of different views on the EMR-some like it, some don't. Please send us your feedback on the use of the EMR and let us know how you like it or don't like it and whether or not it has made your work easier or more difficult. At our facility, it has changed the prep work for the cancer conferences-instead of just grabbing the charts for the patients we are presenting, I now have to log into the EMR and print the OP report and path report, for the presenters to reference during their presentation.

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.

Lastly, I would like to thank each of you for your dedication to ANCCR and to the fight against cancer. With the recent data published by the American Cancer Society regarding the decrease in mortality, it appears that we are making great strides. The data that we all collect and report is vital to reports such as this, and I believe it will become even more valuable in the years to come.

Feel free to call me anytime at 696-1341, or e-mail me at carol.burke@pardeehospital.org. My e-mail has been problematic recently, to say the least, but hopefully it will get to me.

Carol Burke, CTR
President, ANCCR

ANCCR's Executive Board 2006-2007

<p>President: Carol Burke, CTR Carol.burke@pardeehospital.org</p> <p>Immediate Past President: Elizabeth Tucker, CTR etucker@hprhs.com</p> <p>Vice President & Program Chair: Deborah Carrethers, CTR dgcarrethers@novanthealth.org</p> <p>Secretary: Leta Vess, CTR Lvess@firsthealth.org</p> <p>Treasurer: Tara Lewis, BA, CTR Tara.lewis@msj.org</p> <p>Ways & Means: Patricia West pwest@unch.unc.edu</p> <p>Grants & Vendors: Paige Tedder, CTR pdt564@hotmail.com</p> <p>New Registrar Training: Melissa Pearson melissa.pearson@ncmail.net</p> <p>Bylaws: Vacant</p>	<p>Education: Inez Evans, RHIT, CTR ievans@wfubmc.edu</p> <p>Historian: Sherilyn Breitenbach sherilyn.Breitenbach@rexhealth.com</p> <p>Membership: Vickie Gill, RHIA, CTR vagill@novanthealth.org</p> <p>Nominating: Blanche Sellars, CTR annie.sellars@rexhealth.com</p> <p>Publications: interim Inez Evans, RHIT, CTR ievans@wfubmc.edu</p> <p>Web Site Coordinator & ACCCC Liaison: Cathy Rimmer, BA, MDiv, CTR</p> <p>NCRA Liaison: Elizabeth Tucker, CTR etucker@hprhs.com</p> <p>Central Cancer Registry Liaison: Carol Dickinson, CTR carol.dickinson@ncmail.net</p>
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I would like to thank Judy Robertson and the staff at the UNC-Chapel Hill cancer registry for their generous donations to the State basket that was raffled at the NCRA meeting in Las Vegas. Needless to say there was plenty of Duke and UNC merchandise in the basket!

Carol Burke, CTR
President, ANCCR

MP/H Rules: Are You On The Right Track?

Melissa Pearson, CTR

Quality Management Specialist for the NC Central Cancer Registry

As you begin to abstract your 2007 cases, it is also time to begin using the new MP/H rules. The MP/H trainers recently had a conference call with SEER to discuss some of the common issues they have experienced in their training sessions. Often, questions arise from not using the manual properly to begin with. Listed below is a summary of those issues as well as some important points to remember when using the manual.



It is crucial that you use the rules in hierarchical order. Do not skip to a section just because it seems to match your case. Do not go directly to a rule that seems to work. You will make major errors if you do those things. That is often called “berry picking” when you go jumping around in the rules to pick the one you think will work. Go through them systematically one by one until you encounter the first rule that meets the criteria for the tumor. Then stop, you’re done. There is no need to see if a later rule

applies.

Here are a few simple reminders for using the manual correctly:

- 1) Get into the right set of rules based on the primary site
 - The applicable sites and histologies are listed at the top of every page
- 2) Go through the multiple primary rules first
 - Then, go through the histology rules for each independent primary
- 3) Get into the correct number of tumors module (unknown, single, multiple)
 - The module is based on the number of tumors to be considered
 - Excludes tumors stated to be metastatic
- 4) Always start with the FIRST rule in that module
- 5) Apply the coding instructions for the FIRST rule that applies

Issue # 1: Bladder tumors

A number of participants have the impression that bladder tumors occurring more than 3 years apart are to be accessioned as separate primaries. The rules are to be reviewed and applied in hierarchical order.

- **Rule M5:** If a bladder tumor is non-invasive or in situ and recurs as an invasive, then it is a new primary. This is the invasive following an in situ rule and applies to all sites.
- **Rule M6:** All other papillary/transitional cell bladder tumors are a single primary.

This means all subsequent occurrences of papillary/transitional cell bladder tumors are the same primary. Subsequent tumors are considered a recurrence of the first bladder tumor and are coded as such in the abstract. Because this is the first rules that applies,

you never reach rule M7 (the 3 year rule) for papillary/transitional cell tumors of the bladder.

Issue # 2: Use of the code 8255 Adenocarcinoma with mixed subtypes

First of all, combination codes are only used when there is a single tumor and all histologies are present in that single tumor. The combination code 8255 (adenocarcinoma with mixed subtypes) should only be used when you have reached the combination code rule AND all of the histologies match those in the site-specific table. Code 8255 is not a catch-all category. The allowable terms for 8255 are different based on the primary site. For example:

- The allowable terms for colon is a combination of mucinous/colloid and signet ring cell carcinoma only (rule H6).
- The allowable terms for lung are any two of the terms listed in Column 2 in Table 1 on page 37 (acinar, bronchioloalveolar, clear cell, papillary, solid, etc.)

Issue # 3: Use of the word “case” versus “tumor”

The use of the phrase "cases diagnosed on or after 1/1/2007" has also caused some confusion. SEER has recently started using the term "tumor" instead of "cases". The reason for this is you don't really know it is a new "case" until you apply the rules. Therefore, you should use the new MP/H rules for any "tumor" diagnosed after 1/1/2007. For example:

- If one tumor was diagnosed before 2007 and another tumor after 1/1/2007, use the new rules to determine if the second tumor is a new primary or a recurrence of the previous tumor.
- If ALL tumors were diagnosed on or after 1/1/2007, use the new rules.
- If ALL tumors were diagnosed before 2007, use the old rules. This will probably be only for class of case 3 and missed cases.

Issue #4: Use the final diagnosis

Don't forget to apply the general rules in addition to the site-specific rules. The general rules tell us to code the *histology from the final diagnosis* (pg 13). This is for histology only. Site, grade, and any staging information can be obtained from other parts of the pathology report. To go even further, if there is more than one pathology report, use the final diagnosis from the *most representative specimen*. Here are two common scenarios related to using the final diagnosis.

1) If the pathology report only has the CAP protocol information and it does not include a final diagnosis, which fields of the protocol would be used to determine the histology?

Answer: If the CAP protocol is used in lieu of a final diagnosis, use all of the information in the CAP protocol.

2) When an excisional biopsy removes the majority of the tumor with a final diagnosis of "carcinoma," and the subsequent lumpectomy final diagnosis states "microscopic residual consistent with infiltrating duct carcinoma," which report and diagnosis should be used to code the histology?

Answer: Code the histology from the pathology report with the most representative specimen (the most tumor tissue) even when the most representative specimen is less specific. Code the histology to 8010 (carcinoma) in the case described above.

Summary of changes to the November 29, 2006 version of the MP/H Manual

If you printed your MP/H Rules Manual prior to November 29, 2006, there were some minor changes prior to its final release. I do not consider these changes to be significant enough to reprint the entire manual. Therefore, I have summarized the changes below. You may want to check your manual to make sure you have the following clarifications that are included in the current 11/29/06 version of the MP/H Manual.

Section: MP/H Coding Rules General Instructions, page 11
Correction: Text added to 4.b.II.ii.
Should read: When the tumor is only described as multicentric or multifocal *and the number of tumors is not mentioned*, use the “Unknown if Single or Multiple Tumors” module.

Section: Breast, Equivalent Terms and Definitions, page 57, Table 3
Correction: Rule numbers added to the instructions.
Should read: Use this **two-page** table *with rules **H5, H6, H7, H8, H16, H17, H18, H19, H24, H25, H26 and H28*** to select combination histology codes.

Section: Head and Neck, Flowchart format, Multiple Primary Rule M11, page 89
Correction: The wrong “x” is underlined.
Should read: “third (xxxx) number”

Section: New Data Items, Ambiguous Terminology, pages 335 and 337
Correction: All references to “two months” changed to “60 days”

Section: New Data Items, Date of Multiple Tumors, page 341
Correction: Year in the example was incorrect. Should state 2007, not 2006.
Should read: Change the 01 in Multiplicity Counter to 02 and enter 07102007, the date the second tumor was diagnosed in Date of Multiple Tumors.

Are revisions to the MP/H Manual planned?

A sure bet answer to that question is always YES. I don’t think we will ever get away from revisions, clarifications, and errata. The MP/H Manual is no exception. The MP/H Task Force is planning a revision to the manual. The revision will be mainly based on a reliability study that is planned for the end of 2008. By this time, registrars should be trained and will have used the manual. As a result, there will be different types of questions and problems that will become apparent that will be incorporated into the revised manual. The revised manual is scheduled for spring 2009.

Want additional information and training on the MP/H rules?

Check out the SEER website: <http://www.seer.cancer.gov/tools/mphrules/training.html>.

Recorded web casts are available for viewing and provide another option for training. There are two categories, “Fundamentals” and “Beyond the Basics”. Within each of these categories, there are several presentations. The “Fundamentals” category contains many of the presentations that you have seen at workshops and in the NAACCR Webinars. The “Beyond the Basics” category is fairly new and presentations will be continually added over the next several months. The “Beyond the Basics” presentations are based on some of the clarifications discussed at the NCRA pre and post conferences and emphasizes some of the trouble spots and frequently asked questions. So, you may want to bookmark this page and review these presentations...in your spare time, of course!

It seems like we haven't even started and it is already time to end. The Train-the-Trainers portion of the MP/H implementation officially ended in this summer. Therefore, any changes and information will no longer be funnelled through the trainers but directly to the registrars through the various list serves (such as the CoC flash), the SEER website, and other distribution methods. However, if you have any questions regarding the rules, please do not hesitate to contact me. But, for the most part, questions and answers submitted to SEER regarding the MP/H rules will be posted on the CoC's I&R or on SEER's SING (<http://www.seer.cancer.gov/seer inquiry/>).

In September, I will be doing a presentation on the MP/H rules that will include this information and more at the ANCCR annual meeting, so hope to see you there!

NATIONAL CANCER REGISTRARS ASSOCIATION

ANNUAL CONFERENCE

Mark your calendar

April 27 – April 30, 2008

In

Minneapolis, Minnesota

National Provider Identifier (NPI)

WHAT IS IT, WHY DO WE NEED IT AND WHERE DO WE FIND IT?

The NPI is here. The NPI is now. Are you using it?

How can you get it - share it - use it?

<http://www.cms.hhs.gov/NationalProvIdentStand/>

“The National Provider Identifier (NPI) is a unique, government issued, identification number for health care providers that is scheduled for 2007-2008 implementations by the Centers for Medicare and Medicaid Services (CMS) as part of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number).”

“The purpose of the National Provider Identifier (NPI) is to uniquely identify a physician, supplier or other health care provider conducting HIPAA standard electronic transactions, such as health care claims. HIPAA requires that covered entities (i.e., health plans, health care clearinghouses, and those health care providers who transmit any health information in electronic form in connection with a transaction for which the Secretary of Health and Human Services has adopted a standard) use NPIs in standard transactions by the compliance dates. The compliance date for all covered entities except small health plans was May 23, 2007; the compliance date for small health plans will be May 23, 2008. As of the compliance dates, the NPI will be the only health care provider identifier that can be used for identification purposes in standard transactions by covered entities. NPI apply both to facilities and to individual health practitioners.”

“Medicare will begin rejecting claims that do not contain an NPI for primary providers. Medicare considers billing, pay-to and rendering providers to be primary providers. Secondary providers have until May 23, 2008 to be identified by NPIs.”

“The National Plan and Provider Enumeration System (NPPES) health care provider data that are disclosable under the Freedom of Information Act (FOIA) will be disclosed to the public by the CMS. In accordance with the e-FOIA Amendments, CMS will be disclosing these data via the Internet. Data will be available in two forms:

1. A query-only database, known as the NPI Registry.
2. A downloadable file.

CMS is resolving any errors or problems that may be encountered with edits that health care providers submit. The NPI Registry is planned to be operational on September 4, 2007. The NPI Registry will operate in a real-time environment. This means that FOIA disclosable data for newly enumerated providers, as well as updates and changes to enumerated providers' FOIA-disclosable data, will be available in the NPI Registry as that information is applied to NPPES.”

GETTING AN NPI IS FREE – NOT HAVING ONE CAN BE COSTLY.

(Information from the CMS website)

Ways & Means Chair

Patricia West, RHIT, CTR

As Ways & Means Chair, I form a Committee to help me raise the funds needed to pay for ANCCR's expenses. (e.g.) the Annual Meetings Hotel Meeting Rooms, the lunches and breaks that are provided during the Annual Meetings, the ANCCR Letterhead, Raffle Tickets, Stamps, and ect....

As a Committee, we send out donation letters to area Business' and Companies asking for donations to be used in the Silent Auction/White Elephant sale at the Annual Meetings. We send the names and addresses of those who donate to the Grant & Vendors Chair, who will send out the thank you notes. We brainstorm to come up with new ways to raise money. We set up the display tables for these items and sell the raffle tickets.

As Chairperson, I

(a). Work with the host hospital(s) to set up the Meeting Rooms, fill the Goody Bags, and together we decide on the Speaker Gifts; which I purchase and bring to the Meeting.

(b). Transfer the money that was made during the Meeting to the Treasurer.

(c). Store the supplies after Meetings--that's anything that didn't sell during the Meetings.

(d). Attend the Executive Board Teleconferences Meetings, where, I present a brief report on the recent activities of the Ways & Means Committee, discuss future profit making ideas, and discuss and vote on any other Executive Board business.

(e). Attend the ANCCR Business Meetings where I give a brief report on how much money we have raised at the Meeting and on the recent activities of the Ways & Means Committee.

(f). Update the Policy and Procedures for the Ways & Means Committee and send them to the Vice President.

But most of all---I take your money!!!!

Patricia A. West, RHIT, CTR

New Rules for the Silent Auction

You can only raise a bid by a dollar. If you raise it by a quarter or fifty cents, then your bid is disqualified. If you and another person are going back and forth on an item, then it will be verbally auctioned off between the two of you. Monitors will be placed at the tables for the last bell ring to make sure people didn't bid after the bell stops ringing and to take up the cards. I will then sort the cards by who won the bid and the winner will pay. Monitors and helpers will go with that person to get their items--to make sure they get the correct items.

Thanks,
Patricia

I am asking for everyone to bring all their unwanted items, including books, DVD's, CD's and a craft item to donate this year. This went very well last year and hopefully it will again this year.

Thank You,
Patricia

ANCCR Hospital Resource Manual

I have been bugging everyone and updating ANCCR's Hospital Resource Manual. I am hoping to distribute the manual to ANCCR members (a benefit of membership!) at the fall meeting in September in New Bern. The manual is a beautiful green color (by the way – our association's color). You will be able to add to the manual your own resource information – websites, etc.

Inez Evans
Interim, Publications Chair

NEW NORTH CAROLINA CTR'S

that passed the March, 2007 CTR Exam

Sylvia Britt, CTR
NC Central Cancer Registry -
Fayetteville

Roxanne Nifong, RHIT, CTR
WFU Baptist Medical Center, Winston-Salem

Christine Smith, RHIT, CTR
New Hanover Health Network, Wilmington

Kelly Weidman, CTR
Rex HealthCare, Raleigh

Congratulations!!!!



ANCCR 30TH ANNIVERSARY EVENING SOCIAL

WHEN: THURSDAY, SEPTEMBER 27TH

TIME: 7PM-9PM

WHERE: SHERATON GRAND ESCAPE LOUNGE

FEATURING DJ DIAMOND DALE
WITH
SPECIAL DJ GUEST : DR. FREDERICK GREENE

HOPE TO SEE YOU THERE!

PLEASE RSVP TO ANN OR BRANDY AT
252-633-8790 BY FRIDAY, AUGUST 31ST

Sponsored by Electronic Registry Systems

Correction: When: Wednesday evening, September 26th

ANCCR's 30th Anniversary

A crystal item was purchased to raffle off at the next annual meeting in recognition of ANCCR's 30th (crystal) anniversary. A Shannon Crystal hospitality tray – it has a pineapple imprint. The tray is 15 inches long and 11 inches wide.



UPDATE ON FRANKIE HARVEY, CTR (by Judy Robertson 6/3/07)

Judy visited Frankie Harvey* who has been recovering at the "Laurels of Chatham Skilled Nursing Center" in Pittsboro. She was transferred there after emergency treatment in late December, 2006 at UNC Hospital Chapel Hill for brain injury caused by a massive seizure due to low blood sugar. After being comatose for several weeks, her wonderful therapists have now gotten her up and walking about. Her memory, speech and sense of humor seem to be recovering just fine. In fact, she wishes she could attend ANCCR's next meeting in New Bern.

She absolutely loves ANCCR's recent gift of a RadioShack tape cassette recovery (w/head phones) which allows her to listen to music and books-on-tape. Great way to speed recovery.

But it is still unknown when she will regain full independence. In the meantime, all of her friends are very welcome to visit or write Frankie at:

"Laurels of Chatham"
72 Chatham Business Park
Pittsboro NC 27312

Her four sisters, Dennie, Beth, Mary and Amy sincerely appreciate everyone's thoughts and prayers.

NOTE: Frankie was a founding member of TRANC/ANCCR, and served as TRANC's President in 1985. She also served two terms as Treasurer in 1987-1989. For many years she worked at the UNC Hospital Cancer Registry, but had to take early retirement as Head Registrar in 1996 because of diabetes/heart problems and subsequent open heart surgery.

A4 C Report

Cathy Rimmer

The Advisory Committee on Cancer Coordination and Control met on Friday, July 27th. The opening session was a presentation about colorectal cancer. Julie Pope, a nurse navigator from Forsyth Regional Cancer Center, spoke on her role in working with CR patients. A surgeon and medical oncologist from Duke spoke about treatment options. A patient currently undergoing treatment for Stage 4 disease described her experience. These presentations were followed by a panel discussion and questions from the audience.

Comments made were regarding the need for more advertising about colorectal cancer risks and screening guidelines. A program that is going on in Guilford County with High Point Hospital in conjunction with Lineberger Cancer Center is trying to raise awareness through churches and housing authorities, is offering free FOBT kits at health fairs.

The State Assistance Fund opened back up July 1st.

A final report was given on the NC Cervical Cancer Elimination Task Force. A report was published and distributed on the first NC Survivorship Summit held in June. A pre-publication copy of the first report of "Cancer in NC" was distributed.

In the Care Sub-Committee, the Clinical Trials Workgroup is working to determine the number of patients enrolling in clinical trials annually. They have been working with the NCI to obtain baseline data. They gave an estimate of 2.5% enrollment in NC. They are working with the ACoS to obtain data as well since the NCI data does not include industry or university based research.

Upcoming Events

- September 23-25, 2007 there will be a meeting of the National Black Leadership in Cancer in Durham. This will be a symposium on disparities.
- October 19 – a meeting is planned for directors of the ACoS approved cancer centers to meet with Walter Shepherd. The meeting will be held Oct. 19th in Winston-Salem at the Forsyth Regional Cancer Center. Information will be going out to all approved facilities.
- A4C Retreat – planning a 2 day retreat tentatively for April 2008.

ADVOCACY, TECHNICAL & PRACTICE DIRECTOR (ATPD) FOR THE EAST
Melanie Rogan, CTR



As the newly elected Advocacy, Technical & Practice Director (ATPD) for the East, I have the honor of being your representative to the NCRA Board for the next two years as well as a fellow ANCCR member. I am really excited about this new endeavor I am still in the learning mode as to all my responsibilities, but I do know that one of my major jobs is to stay in touch with you. I am sure most of you know me, but if not, my name is Melanie Rogan, and I live in Lewisville, NC. I hope you will feel free to get in touch with me. My email is mroganctr@yahoo.com. I look forward to working with you in a slightly different capacity than in the past.

Can you believe it; we had more than 1500 people at the Las Vegas convention! That is a record for NCRA. The board of directors met just before the Education Conference. The board will continue its work on the Strategic Management Plan that includes six main strategies: education/professional development, credentialing, recruitment and retention, member and customer services, advocacy and administration and finance.

NCRA can only be as good as the members help it to be. Your feedback is vital to the Association. If you have questions, you can go the NCRA website and submit them to Raise Your Voice—under the Advocacy button. If you are not yet a member of NCRA, I encourage you to join. NCRA has tremendous benefits. The organization offers educational conferences and workshops, a free subscription to the “Journal of Registry Management” and our quarterly newsletter, “The Connection”. NCRA also provides PEER networking and professional networking resources, just to name a few.

One thing that I would like for each of you to consider is to get actively involved with NCRA. Before we know it, the time for nominations will be here. If you have never been involved, volunteer to serve on a committee. If you have a special interest, put your name forward to chair a committee. And if you know someone who would be interested in serving NCRA, ask them to volunteer.

I will look forward to hearing from you, even if just to say Hi!

**ASSOCIATION OF NORTH CAROLINA CANCER REGISTRARS
CANDIDATE PROFILES**

CANDIDATE FOR PRESIDENT

NAME: Carol P. Burke, CTR

INSTITUTION: M.R. Pardee Memorial Hospital

ADDRESS: 800 N. Justice St., Hendersonville NC 28791

PHONE/OFFICE: 828-696-1341

**CURRENT OCCUPATION/TITLE:
Cancer Registrar, Physician CME Coordinator**

**JOB EXPERIENCE:
12 years cancer registry experience, 12 years Medical Records experience**

**ANCCR/NCRA HISTORY:
ANCCR member since 1995-President 2006-2007, Vice-President 2005-2006 and
2004-2005, Ways and Means and Publications
NCRA members since 1995-have served on the Nominating Committee twice**

**OTHER PROFESSIONAL HISTORY/EDUCATION:
Henderson County Relay for Life Chair 2007 and 2006
Pardee Hospital Relay for Life Chair 2005, 2004, 2003
Pardee Hospital CEO Search Committee 2007
Patient Satisfaction Committee 2005 – present
Physician Satisfaction Committee 2007
Activities Committee 2005 –present
Cancer Strategic Planning chair 2005 –present
Breast Center Task Force 2005-2006
Pardee Choice Campaign member**

**ASSOCIATION OF NORTH CAROLINA CANCER REGISTRARS
CANDIDATE PROFILES**

CANDIDATE FOR PRESIDENT

NAME: Leta A. Vess, CTR

INSTITUTION: FirstHealth Moore Regional Hospital

ADDRESS: P O BOX 3000, Pinehurst, NC 28374

PHONE/OFFICE: 910-715-5292

CURRENT OCCUPATION/TITLE:

Supervisor, Cancer Registry

JOB EXPERIENCE:

1995-1997 – Processing clerk, Medical Records

1998 –1999 – Abstractor, Cancer Registry

1999 – present – Supervisor, Cancer Registry

All above experience at MRH

ANCCR/NCRA HISTORY:

Association of North Carolina Cancer Registrars

2002-2005 Chair, By-laws Committee

2005 – present Secretary

2006 – Host Registry, ANCCR annual meeting

National Cancer Registrars Association

2002 Jr. Co-leader, Cancer Program Managers Special Interest Group

2003 Sr. Leader, Cancer Program Managers Special Interest Group

2004 Member, Legislative/Advocacy Task Force

2006 Member, Marketing Committee

OTHER PROFESSIONAL HISTORY/EDUCATION:

BA, Emory University, Atlanta, GA

**ASSOCIATION OF NORTH CAROLINA CANCER REGISTRARS
CANDIDATE PROFILES**

CANDIDATE FOR VICE-PRESIDENT

NAME: Deborah Grady Carrethers, CTR

INSTITUTION: Forsyth Medical Center and High Point Regional Hospital

ADDRESS: 3333 Silas Creek Parkway, Winston Salem, N.C.

PHONE/OFFICE_(336) 718-8463

CURRENT OCCUPATION/TITLE:

Lead Registrar

JOB EXPERIENCE:

1989-present worked in the Cancer Data Base

ANCCR/NCRA HISTORY:

ANCCR member since 1989, Secretary 1998 and 1999, Vice President 2000,2001, and 2006, Membership Chair 2002 until 2006, Public relations committee 1992, Educational Committee 2002 until present

NCRA member since 1989

OTHER PROFESSIONAL HISTORY/EDUCATION:

Insurance Department Task Team Leader-implemented new policy for faster production of work, Employee Activity Committee for Forsyth Hospital, Cancer Preventions Screening 1995-present, Cancer Survivors Day 1995-present, Volunteer for Human Service Alliance, Work for AQC (Aids Patients) 2004-present, President of F.R.E.S.H (Health Ministry for Holy Trinity Full Gospel Church)

**ASSOCIATION OF NORTH CAROLINA CANCER REGISTRARS
CANDIDATE PROFILES**

CANDIDATE FOR VICE-PRESIDENT

NAME: Kelly A Lowrance, RHIT, CTR

CURRENT OCCUPATION/TITLE:

Cancer Registrar

JOB EXPERIENCE:

2002 – Present Part Time Independent Contractor
1999 – 2006 Oncology Data Coordinator, Gaston Memorial Hospital
1997 – 1999 MR/QA Coordinator, NC Department of MH/SA/DD
1995 – 1997 Cancer Registrar, Carolinas Medical Center

ANCCR/NCRA HISTORY:

1996 – Present Member of ANCCR
1995 – Present Member of NCRA
2005 – 2006 Member, ANCCR Bylaws Committee
2004 – 2005 Chair, NCRA Public Relations Committee
2002 – 2004 Member, NCRA Public Relations Committee
1995 – 2000 Member of AHIMA
1995 – 2000 Member of NCHIMA

OTHER PROFESSIONAL HISTORY/EDUCATION:

2005 Received Outstanding Achievement Award
2005 Attended Survey Savvy Workshop
2000 Received CTR Certification
1999 – Present Team Captain/Volunteer Relay for Life
1997 Attended ANCCR Cancer Registry Training Workshop
1996 Received RHIT Certification
1995 Attended ANCCR Cancer Registry Training Workshop
1995 Received BA Health Information Management, CPCC

**ASSOCIATION OF NORTH CAROLINA CANCER REGISTRARS
CANDIDATE PROFILES**

CANDIDATE FOR SECRETARY

NAME: Susan M. Brossoie, RHIT, CTR

INSTITUTION: UNC Healthcare

ADDRESS: 101 Manning Dr. CB # 7600 FSB, Chapel Hill, NC 27514

PHONE/OFFICE: 919/966-4515

CURRENT OCCUPATION/TITLE:

Cancer Registry Coordinator

JOB EXPERIENCE:

One year as a registrar at Upstate Medical Center @ University of New York in Syracuse, NY.

**Eight years as a registrar then as supervisor of the UNC Healthcare Registry.
Consultant on the CDC HPV/Cervical Cancer Project for Battelle Research Group**

ANCCR/NCRA HISTORY:

I have belonged to ANCCR/NCRA for 8 years, ever since I moved to North Carolina in 1998.

OTHER PROFESSIONAL HISTORY/EDUCATION:

I served as the Junior Leader for 1 year for the NCRA Hospital SIG group with NCRA (2006)

**ASSOCIATION OF NORTH CAROLINA CANCER REGISTRARS
CANDIDATE PROFILES**

CANDIDATE FOR SECRETARY

NAME: Sharon_I_Gilkerson, CTR

INSTITUTION: Carolinas Medical Center

ADDRESS: 1000 Blythe Blvd, Charlotte, NC 28203

PHONE/OFFICE: (704)355-3486

CURRENT OCCUPATION/TITLE:

Supervisor

JOB EXPERIENCE:

19 years in the registry at CMC, obtained Teaching Hospital Approval 1995.

Presently working to achieve Network Program approval for 4 hospitals.

Worked for Ohio University in Athens Ohio for 2 years as a CTR operating a 5 hospital central registry.

Began my CTR experience at Holzer Medical Center in Gallipolis, OH in 1983.

ANCCR/NCRA HISTORY:

Member NCRA since 1986,

Public Relations Chair 2002-2004

Member ANCCR

Member OTRA 1985 - 1987

OTHER PROFESSIONAL HISTORY/EDUCATION:

Secretary, American Cancer Society Board, Athens County, Ohio

Attended a Business College in Ohio.

**ASSOCIATION OF NORTH CAROLINA CANCER REGISTRARS
CANDIDATE PROFILES**

CANDIDATE FOR TREASURER

NAME: Tara Moore Lewis, BA, CTR

INSTITUTION: Mission Hospitals

ADDRESS: 94 Briggs Drive, Candler, NC

PHONE/OFFICE: 828-242-0931

**CURRENT OCCUPATION/TITLE:
Cancer Data Analyst**

**JOB EXPERIENCE:
Over 7 years in the cancer registry field.**

Former supervisor of Mission Hospitals Cancer Registry, currently part-time cancer registrar.

Adjunct instructor for the Cancer Information Management Program at Davidson County Community College

**ANCCR/NCRA HISTORY:
ANCCR member since 2000
NCRA member since 2000
ANCCR Treasurer 2006-2007**

**ASSOCIATION OF NORTH CAROLINA CANCER REGISTRARS
CANDIDATE PROFILES**

CANDIDATE FOR TREASURER

NAME: Debra S. Witzler, RHIT, CTR

INSTITUTION: UNC Hospitals

ADDRESS: UNC Hospitals Box 502, Chapel Hill, NC 27514

PHONE/OFFICE: 919.966.2606

CURRENT OCCUPATION/TITLE:

Cancer Registrar

JOB EXPERIENCE:

7 ½ yrs cancer registrar NHRMC, Wilmington, NC

4 yrs quality coordinator, MHUMC, Savannah, GA

3 mo cancer registrar, UNC Hospitals, Chapel Hill, NC

ANCCR/NCRA HISTORY:

NCRA member since 1994
Bylaws Committee Chair 1999-2000; 2001-2002
Bylaws Committee Member 2000-2001
Ethics Committee Chair 2005-2006

ANCCR member since 1994
Bylaws Committee Chair 1998-2000
Program Chair 1998; 2002
Treasurer 2001-2002

OFFICIAL ABSENTEE BALLOT – 2007
Please mark your choice with an X or checkmark

PRESIDENT

(VOTE FOR ONE ONLY)

Carol Burke, CTR

Leta Vess, CTR

VICE-PRESIDENT

Deborah Carrethers, CTR

Kelly Lowrance, CTR

SECRETARY

Susan Brossoie, CTR

Sharon Gilkerson, CTR

TREASURER

Tara Lewis, CTR

Debra Witzler, CTR

Absentee ballots must be received by September 12, 2007. Please include name and address on your return envelope. Send to Blanche Sellars, CTR, Chairman, ANCCR Nominating Committee, Cancer Registry, Rex Cancer Center, 4420 Lake Boone Trail, Raleigh, NC 27607