



# The Sentinel

*The Newsletter for the Association of North Carolina Cancer Registrars*

Fall 2015

## **Message from the President: Leta Vess, BA, CTR**

Hello, ANCCR members,

The 2015 ANCCR meeting in Raleigh was a great event with excellent speakers and excellent accommodations. I hope everyone returned to her/his home registry with new knowledge and renewed enthusiasm for our important behind-the-scenes work. Thank you to Kathy Foote, the Rex Hospital registrars and Deborah Carrethers for putting together such a great meeting. It was a wonderful time to meet people new to cancer registry in NC and renew acquaintances with those we see only once or twice a year.

At the annual business meeting, the membership voted for ANCCR to collaborate with the South Carolina Cancer Registrars Association to plan a regional meeting in 2016. The meeting is tentatively planned for the Charlotte area next fall. The host facility will be Carolinas HealthCare System (which has facilities in NC and SC). Paige Tedder and Deborah Carrethers will be leading the ANCCR part of the joint effort. I look forward to learning a lot as well as meeting our fellow registrars from SC.

I would also like to thank the members of ANCCR for the opportunity to serve another year as president of our great organization. I look forward to working with the other elected officers: Jenean Burris, Vice President; Kelly Lowrance, Treasurer; Linda Lucas, Secretary. The other board members are listed on the ANCCR website, [www.ncregistrars.com](http://www.ncregistrars.com), and they are to be congratulated as well for volunteering their time and energy to ANCCR.

As you read the reports from the various committees in this issue of the Sentinel, please know that ANCCR welcomes your participation as well as your comments and suggestions. Please contact any of the officers or board members to volunteer or to share your thoughts.

Best wishes for a peaceful November,

Leta Vess, CTR  
President (and Hello Kitty!)  
Association of NC Cancer Registrars

## ANCCR's Executive Board 2015-2016

<p><b>President:</b> Leta Vess, CTR  <a href="mailto:lvess@firsthealth.org">lvess@firsthealth.org</a></p> <p><b>Immediate Past President:</b>  Ann Murphy, CTR  <a href="mailto:amurphy@carolinaeasthealth.com">amurphy@carolinaeasthealth.com</a></p> <p><b>Vice President:</b> Jenean Burris, RHIT, CTR  <a href="mailto:jburris@wakehealth.edu">jburris@wakehealth.edu</a></p> <p><b>Secretary:</b> Linda Lucas, CTR  <a href="mailto:llucas@novanthealth.org">llucas@novanthealth.org</a></p> <p><b>Treasurer:</b> Kelly Lowrance, RHIT, CTR  <a href="mailto:kalowrance@novanthealth.org">kalowrance@novanthealth.org</a></p> <p><b>Ways &amp; Means:</b> Kimberly Bobbitt and  Kisha Raynor, CTR  <a href="mailto:kisha.raynor@carolinashealthcare.org">kisha.raynor@carolinashealthcare.org</a></p> <p><b>Grants &amp; Vendors:</b> Paige Tedder, CTR  <a href="mailto:Paige.tedder@carolinashealthcare.org">Paige.tedder@carolinashealthcare.org</a></p> <p>Kathleen Foote, CTR  <a href="mailto:kathleen.foote@unchealth.unc.edu">kathleen.foote@unchealth.unc.edu</a></p> <p><b>Program Coordinator:</b>  Deborah Carrethers, CTR  <a href="mailto:dgcarrethers@novanthealth.org">dgcarrethers@novanthealth.org</a></p> <p><b>Bylaws:</b> Adaline Brown, RHIT, CCS, CTR  <a href="mailto:abrown@certicoderegistry.com">abrown@certicoderegistry.com</a></p>	<p><b>Membership:</b> Vickie Gill, RHIA, CTR  <a href="mailto:vagill@novanthealth.org">vagill@novanthealth.org</a></p> <p><b>Education:</b></p> <p><b>Educational Scholarship:</b>  Inez Inman, BS, RHIT, CTR  <a href="mailto:iinman@wakehealth.edu">iinman@wakehealth.edu</a></p> <p><b>Historian:</b> Deborah Poovey, CTR  <a href="mailto:dpoovey@catawbavalley.com">dpoovey@catawbavalley.com</a></p> <p><b>Nominating:</b> Blanche Sellars, CTR  <a href="mailto:annie.sellars@rexhealth.com">annie.sellars@rexhealth.com</a></p> <p><b>Publications:</b> Inez Inman, BS, RHIT, CTR  <a href="mailto:iinman@wakehealth.edu">iinman@wakehealth.edu</a></p> <p><b>Web Site Coordinator:</b>  Cathy Rimmer, BA, MDiv, CTR  <a href="mailto:ccrimmer@novanthealth.org">ccrimmer@novanthealth.org</a></p> <p><b>A4C Liaison:</b> Leta Vess, CTR  <a href="mailto:lvess@firsthealth.org">lvess@firsthealth.org</a></p> <p><b>NCRA Liaison:</b> Melanie Rogan, CTR  <a href="mailto:melanie@ers-can.com">melanie@ers-can.com</a></p> <p><b>Central Cancer Registry Liaison:</b>  Melissa Pearson, CTR  <a href="mailto:Melissa.pearson@dhhs.nc.gov">Melissa.pearson@dhhs.nc.gov</a></p>
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### Upcoming Educational Meetings

2016 NCRA Educational Conference  
April 10-13, Las Vegas, NV

NC, SC, GA, TN Regional Meeting  
A Possibility!!  
September, 2016

2017 NCRA Educational Conference  
April 5-8, Washington, DC

2018 NCRA Educational Conference  
May 20-23, New Orleans, LA

**TREASURER'S REPORT**  
**Kelly Lowrance, RHIT, CTR**

**Net Worth – As of 9/15/15**

<u>Account</u>	<u>Balance</u>
<b>ASSETS</b>	
Cash and Bank Accounts	
ANCCR Checking	22,970.11
Money Market	21,104.61
Shares Account	<u>60.71</u>
<b>TOTAL ASSETS</b>	<b>44,135.43</b>
<b>LIABILITIES</b>	<b>0.00</b>
<b>OVERALL TOTAL</b>	<b>44,135.43</b>

Checking Account Activity since 7/15/15

Beginning Balance: 6,739.45

Expenses:

Postage – IRS Filing/Stamps	- 21.30
NAACCR Webinars (3 Locations)	- 1,640.00
NCRA Program Recognition Fee	- 75.00
Mileage – Fall Meeting Prep	- 129.95
Chambers Trophy Case	- 51.61
Registration Refunds	- 125.00
Cash – Ways & Means	- 100.00
Bank Fees	- .68
SECU Foundation	- <u>2.00</u>
	<b>\$ 2,145.54</b>

Deposits:

Dividends Earned	+ 3.20
Transfer from Money Market	+ 10,000.00
Fall Meeting Registration Fees	+ 7,908.00
Membership Dues	+ 415.00
Sentinel Ad Income	+ <u>50.00</u>
<b>Total Deposits</b>	<b>+ 18,376.20</b>

**Checking Acct Balance as of 9/15/15: \$ 22,970.11**

## **ELECTRONIC VOTING FOR ANCCR OFFICERS** **Cathy Rimmer, BA, MDiv, CTR**

ANCCR members voted electronically FOR THE FIRST TIME for officers in 2015!

Why did we do this?

- To give all paid members of ANCCR the opportunity to vote even if they cannot attend the annual meeting.
- To have the results of the election prior to the annual meeting.
- To give the newly elected officers time to make plans at the meeting for the coming year.



## **NOMINATING COMMITTEE** **Blanche Sellars, CTR**

Wonderful news! The following were voted in as your new ANCCR board for 2015-2016:

President: Leta Vess, CTR  
Vice-President: Jenean Burris, CTR  
Secretary: Linda Lucas, CTR  
Treasurer: Kelly Lowrance, CTR

## **WEB SITE REPORT** **Cathy Rimmer, BA, MDiv, CTR**

One of the benefits of being an ANCCR member is our Members Only section of the ANCCR website [www.ncregistrars.com](http://www.ncregistrars.com).

In the Members section, the recordings of the NAACCR webinars are posted after the live sessions. To access the Members webpage, you must register first.

When you register, please make sure you put your company or organization. Our webmaster is the gatekeeper of the registration process. The webmaster checks with me to verify someone is a paid member before allowing the registration process to complete.

Since membership dues deadline is in December, in January we will block access to the Members section for folks who did not renew their membership. If you pay later, we will unblock your access. So make sure you pay your dues on time!

## **MEMBERSHIP**

### **Vickie Gill, RHIA, CTR**

As of September 21, 2015, there are 134 ANCCR members. Membership renewal for 2015-2016 is due by December 1<sup>st</sup>.

## **EDUCATION REPORT**

### **Jenean M. Burris, RHIT, CTR**

Davidson County Community College's Cancer Information Management program is suffering from low enrollment! The college is on a mission to increase enrollment so, please, spread the word about the program. Without sufficient enrollment the program will be dropped from the curriculum.

Congratulations to all of our new Certified Tumor Registrars!

#### **Continuing Education Opportunities:**

AJCC TNM Staging LIVE webinars for Fall 2015:

NCRA has a six part webinar series on TNM Staging for Head and Neck Cancers and Biliary Sites. These webinars are physician led. Webinars begin on October 7, 2015. More information can be found at <http://www.cancerregistryeducation.org/tnm-ss-training>

There are several NCRA CTR Exam Prep webinars coming up including COC Standards, Cancer Committee and Cancer Conference on October 1, 2015 and Collaborative Stage, Follow-up, Survivorship, and Outcomes on October 6, 2015. More information can be found at: <http://www.cancerregistryeducation.org/ctr-prep-activities>

NAACCR webinars coming up include:

10/1/15 Collecting Cancer Data: Unusual Sites and Histologies

11/5/15 Collecting Cancer Data: Pharynx

12/3/15 Directly Coded Cancer Stage...NOW (An in-depth look at AJCC and Summary Stage)

## **A4C REPORT**

### **Leta Vess, BA, CTR**

NC Advisory Committee on Cancer Coordination and Control (A4C)

- The NC A4C met on Friday May 8, 2015 in Raleigh. I attended representing ANCCR.
- The next meeting of the full group is in November. I am on the Early Detection Subcommittee which is working to achieve an 80% colorectal screening rate in NC by 2018.

## WAYS AND MEANS Kisha Raynor, CTR

A silent auction with wrapped gifts was held at the fall meeting again this year.



Also this year, each current officer had a donation jar. The officer that collected the most donations during the fall meeting *dressed up as a cartoon character* during lunch!

CONGRATULATIONS to Leta Vess as Hello Kitty and Kelly Lowrance as Wonder Woman!!

NCRA Raffle Winner – Congratulations goes to Leketia Bryant, RHIT, employed at UNC Healthcare, won the 1-year active membership to NCRA!



## NCRA LIAISON REPORT Melanie Rogan, CTR

### Future Conference Information:

#### 2016:

- The Westgate Las Vegas Resort Hotel, Las Vegas, NV April 10-13, 2016
- 2016 NCRA Theme: A Winning Combination: Education, Networking, and Professional Development.
- Members may apply for the Danielle Chufar Memorial Scholarship.
- This year's Essay Topic: How Does Education, Networking, and Professional Development Work Together to Create an Exceptional, Well-Rounded CTR Professional?
- If you win the essay, funding for this year's conference includes conference registration, airfare and 3 nights hotel stay. Detailed information is posted on the NCRA website.

**2017:** Gaylord National, Washington, DC April 5-8, 2017

**2018:** Sheraton New Orleans, New Orleans, LA May 20-23, 2018

**REPORT FROM THE NC CENTRAL CANCER REGISTRY**  
**Melissa Pearson, CTR**

**SS2000 versus AJCC TNM 7<sup>th</sup> Edition – The Rematch of the Century:**

A presentation comparing the differences in the major principles between SS2000 and AJCC TNM was given at the ANCCR Annual Meeting. Below are a few highlights and take home points from that presentation:

AJCC	versus	SS2000
<ul style="list-style-type: none"> <li>• Based on three significant events in the life of the cancer – the T, N and M</li> <li>• Indicates extent at a particular time in the disease course</li> <li>• 5 staging classifications with extent related to that staging classification recorded</li> <li>• Timing Rule for each Stage Classification</li> <li>• Chapters list the applicable histologies so there are some cases excluded based on histology (ie: sarcoma of colon)</li> <li>• Not all sites and histologies have a staging chapter (ie: Hematopoietic, Brain)</li> <li>• Contiguous extension is coded in the T category</li> <li>• <b>DOES NOT USE AMBIGUOUS TERMINOLOGY!!!</b></li> </ul>	<p>versus</p>	<ul style="list-style-type: none"> <li>• Based on the theory of cancer growth</li> <li>• Combines best clinical and pathological documentation</li> <li>• Most extensive, highest applicable code is assigned (1 code)</li> <li>• ONE Timing Rule</li> <li>• Applies to <u>all</u> insitu and invasive cases and <u>all</u> histologies</li> <li>• ALL sites and histologies have a schema</li> <li>• <b>There is no reason NOT to assign the SS unless you don't have access to the stage-related information.</b></li> <li>• Contiguous extension to a particular tissue can be listed in any code in SS</li> <li>• Ambiguous terms listed on page 15. Can use for decisions related to involvement but involvement considered for assigning TNM should be also be taken into consideration.</li> </ul>

A few more points to keep in mind:

- In SS2000, for codes 1, 2 and 3:
  - All tissues that are considered local will be listed under code 1.
  - All tissues that are considered regional by direct extension will be listed under code 2.
  - All lymph nodes that are considered regional will be listed under code 3.
  - Therefore, by definition, if a tissue or lymph node is not considered local or regional, it is to be considered distant.
  - Be sure to rule out that a synonym for a local or regional tissue was not being used before ruling out codes 1, 2 or 3.
- SS uses the same timing rule as the TNM pathological stage. Because SS combines the clinical and pathologic findings, you will want to include all clinical information supplemented by any pathologic information through the completion of the surgery performed as part of the first course of treatment...or within four months, whichever is longer.
- You can include autopsy findings as long as it is within the Staging timeframe! (GG #7)
- You can include information obtained after radiation or systemic treatment has begun as long as it is within the Staging timeframe! (GG #3)



- The codes for regional (2-5) are the most commonly misused codes. The broad definition is that there is spread beyond the primary organ. The "regional" group is further subcategorized based on the method the tumor has spread to the regional tissues.
  - Code 2: The tumor could have spread just to the regional tissues by direct extension (contiguous growth from the primary tumor).
  - Code 3: Or the tumor could have spread just to the regional nodes.
  - Code 4: Or the tumor may have spread to both the regional tissues and regional nodes.
  - Code 5: Use when the tumor is known to be regional but the exact involvement is not known. This is rarely used for most solid tumors. The most common use is for lymphoma.
- The only valid codes for lymphoma are 1, 5, 7 and 9.
  - If more than one lymph node chain is involved (C77.8), the SS2000 code is 5 (assuming there is no distant involvement – code 7).
- Since SS2000 was written before it became a national requirement in 2004 to report non-malignant CNS tumors, it does not apply to these reportable non-malignant CNS tumors.
  - The August 2015 CNS NAACCR Webinar confirmed that the SS for non-malignant CNS tumors diagnosed 1/1/2004 and after should be coded to 8.
  - While for all other cases, 8 is an invalid code, it is the only valid code of NON-malignant CNS tumors.
  - Code 8 should never be used for in situ and invasive tumors.
- Many sites are grouped differently in the SS2000 manual than they are in the AJCC TNM manual. There are a couple of references in the SS2000 manual to help you select the schema, including the table of contents. Beginning on page 285, there is a list for the hematopoietic diseases that are based the histology. Below that begins a lengthy table for the schema based on the primary site – those that are not histology specific.
- If the ONLY information you have regarding the extent of involvement is the T, N, and/or M information, it CAN be used to assign the SS (GG #9). Record the summary stage code that corresponds to the TNM information.
- Don't lose touch with your texting skills learned from coding CS. This same detailed text is needed for validating SS2000 and AJCC TNM!
- Take advantage of the SS2000 coding quick reference that was sent to all facilities with the last Call for Data email and included as a handout with the presentation. Use this to run reports on your cases before you submit them to look for possible SS2000 coding errors.

### 2015 NAACCR Annual Conference:

The NC CCR hosted the 2015 NAACCR Annual Conference in Charlotte, NC the week of June 13th. NAACCR had a record high attendance at this meeting and is largely due in part to the attendance by many of our NC hospital registrars. For those that were able to attend, we hope you found this to be an excellent opportunity to attend a national meeting close to home – even if only for one day. We hope you found this to also be a great opportunity for professional growth by having a glimpse of the issues related to cancer surveillance at the next level. The 2016 meeting will be in St. Louis, Missouri. We would love to see you there as well!





**SS2000 Quick Reference  
(for cases diagnosed 1/1/2015 and later)**

The edits currently contained in the edit metafile do not include an extensive check for possible SS2000 coding errors. Below are a variety of reports that you should run on your data in addition to the edits to identify SS2000 coding errors.

The following three tables use other data items to help validate SS2000. Some cases may need manual review to determine the correct SS2000 code. Not all reports are appropriate for global correction. Many site specific SS2000 coding requirements are included but this list is not exhaustive.

SS2000	Behavior	Purpose
blank		SS2000 cannot be blank
0	3	If tumor is invasive, SS2000 cannot be 0
1 - 9	2	If tumor is in-situ, SS2000 must be 0
8	2 or 3	Not valid for in-situ and malignant tumors

SS2000	Site	ICD-O-3	Behav	Purpose	Correction
<b>Lymphoma</b>					
1	C778			If multiple regions are involved, SS cannot be 1	5, 7 or 9
2 - 4		9590 - 9729		Not valid codes for lymphoma	1, 5, 7 or 9
<b>Leukemia/Other Hematopoietic</b>					
		9930		Myeloid Sarcoma	Can be 1,7,9
Not 7	C421	9800 - 9992		All other histologies in this range (not listed above) must be distant	7
0		9590 - 9992		Lymphoma, Leukemia and other Hematopoietic cannot be 0	
<b>Plasma Cell/Histiocytosis/Immunoproliferative</b>					
Not 1		9731		Review. Plasmacytoma is often a single localized tumor in the bone.	Usually 1 but can be 7 or 9
Not 7		9732-9733		Always distant	7
Not 1		9734		Review. Extramedullary plasmacytoma is often localized in site OTHER than bone	Usually 1 but can be 5,7,9
Not 7		9740, 9750, 9755-9758		Review. Usually distant but can be local.	1 or 7
Not 7		9764		If diagnosis year = 2010 or later, must be distant. (Pre-2010 can be 1, 7 or 9.)	Usually 7
Not 1		9751, 9752		These histologies represent localized disease.	1
Not 7		9741-9769		All other histologies in this range (not listed above) must be distant	7
<b>Benign and Malignant Brain/CNS (C70.0-C72.9)</b>					
2-4	C70-72		3	2-4 not valid for malignant CNS	Usually 1
0-8			0 or 1	Non-malignant CNS tumors diagnosed before 1/1/2004 must be coded to 9	9
Not 8	C70-72		0 or 1	Non-malignant CNS tumors diagnosed 1/1/2004 and later must be coded to 8 (8/7/15 NAACCR CNS webinar)	8
<b>Pituitary gland, Craniopharyngeal duct and Pineal gland (C75.1-C75.3)</b>					
3-4	C75.1-.3		3	Codes 3-4 not valid for these sites	0-2, 5, 7, 9
<b>III-Defined Sites (C76._)</b>					
Not 9	C76	Exclude Hemat		III-defined Sites must be code 9	9
<b>Unknown Primary (C80.9)</b>					
Not 9	C809	Exclude Hemat		Unknown primary must be code 9	9

SS2000	Site	Site Code	Histology
Cannot be 0 or 5	Kaposi Sarcoma of All Sites		9140
Cannot be 0	Heart, Mediastinum, Pleura, Other Respiratory	C38.0-C39.9	
Cannot be 0	Bones, Joints, and Articular Cartilage	C40.0-C41.9	
Cannot be 0	Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum	C44.0-C44.9, C51.0-C51.9, C60.0-C60.9, C63.2	9700-9701
Cannot be 0	Peripheral Nerves and Autonomic Nervous System; Retroperitoneum and Peritoneum; Connective, Subcutaneous, and Other Soft Tissues	C47.0-C49.9	
Cannot be 0	Retinoblastoma	C69.2, C69.9	9510-9514
Cannot be 0	Breast (Inflammatory Breast Cancer only)	C50.0-C50.9	8530

The following two tables use the values assigned to CS data items to help identify possible SS2000 errors. This is not intended for direct conversion or correction. Review any cases and validate that the directly assigned SS2000 is correct.

SS2000	CS Extension	CS LN	CS Mets	Reg LN Pos	Purpose
Not 7			10-60		Review. Probably distant SS2000.
Not 1	100 - 799	000	00		Review. Most likely local SS2000. Note: Higher CS Extension codes could be a SS2000 code 2 (regional by direct extension).
Not 3 or 5		100 - 899	00		Review. Most likely SS2000 3 or 5. Note: Some CS LN codes could be a SS2000 code 7 (distant lymph nodes). Review cases with a SS2000 code 7 closely to confirm that the LN involved are considered distant in SS2000.
3 or 5				00	Review. Possible SS & Reg LN Pos conflict. Note: Reg LN could be clinically positive.
0, 1, 2			00	01 - 97	If Reg LNs Pos reflects positive nodes, then SS2000 must also reflect Reg LN involvement.

SS2000	Site	Histology	CS Lymph Nodes	Purpose
3 or 5	C50.0-C50.9		050	LN's with Positive ITC's only are NOT coded as regional lymph node involvement in SS for breast. Summary Stage should not be coded to 3 or 5.
Not 3	C44.0-C44.9	8720-8790	010	LN's with Positive ITC's only ARE coded as regional lymph node involvement in SS for melanoma of the skin. SS2000 should at least be coded 3 (or higher if other/further involvement).
Not 2	C44.0-C44.9	8720-8790	140-151, 200-223	Satellite nodule(s) < 2 cm from primary tumor are code 2. Satellite lesions/nodules are coded in CS Lymph Nodes but are considered regional by direct extension in SS2000 (code 2). SS2000 should at least be coded 2 (or higher if other/further involvement).
Not 3	C44.0-C44.9	8720-8790	140-151, 200-223	In-transit metastasis (satellite nodules >2 cm from primary tumor) are code 3. SS2000 should at least be coded 3 (or higher if other/further involvement).

## Audits of Cancer Registry Data – Not Necessarily a Bad Thing

Allen D. Austin, III, BA, CTR, Quality Management Specialist, NC-CCR

The word “audit” has gotten a negative connotation over the years. Who wants to get a call from the IRS saying they’re going to *audit* your tax returns for the last five years?!



Okay Mr. Austin, you beat the system using Roman numerals, however...

Audit is defined as a systematic review or assessment of something. So, when you conduct an internal audit of your database, it's not necessarily a negative process but a positive result. You are improving the quality of your data, thus enhancing the accuracy of your reporting information.

Audits are often thought of as massive, labor-intensive reviews of data. In particular, we often think of a re-abstracting audit in which the medical record, for a given period of time, is reviewed against the abstract. However, audits can take on a much more manageable form. Audits that focus on a common coding error, a conflict of logic between two or more data items, or reviewing a specific type of cancer or situation for possible errors can also be a very effective way of auditing your cancer data. Below are a few examples of these types of focused audits:

### Site & Histology

There are easy audits, like a female with prostate cancer; or more complex audits like cholangiocarcinoma (81603) coded to the liver (C22.0). Cholangiocarcinoma can only occur in the intrahepatic (C22.1) and extrahepatic bile ducts (C24.0), (for instance, 90% of cholangiocarcinomas occur in the extrahepatic bile duct). Another example is mesothelioma (90503) coded to the lung (C34.9) when these occur in the pleura lining of the lung (C38.4). Hepatocellular carcinoma (81703) coded to anything but the liver (C22.0). Or, leukemia coded to blood. These would occur in the bone marrow (C42.1), whereas Waldenstrom macroglobulinemia (97613) should be coded to blood (C42.0).

## Site Specific Factors

Let's talk about some common site specific factor errors. Conversion and placement of the decimal point are a chronic problem for all of us as each prognostic factor has a different method for converting the value and recording that value in the SSF. For example, Breslow's depth for melanoma (SSF 1) of 0.5 mm should be coded 050; whereas a PSA for a prostate cancer (also SSF 1) of 4.8 should be coded 048.

The NC CCR reviewed the Breslow's depth for 2014 melanoma cases and 536 out of 6,176 cases were determined to be coded erroneously based on the validating text. Also the PSA value for prostate cases for 2004 – 2014 was reviewed. Due to the high number of prostate cases, only those cases with extremely low (< 010) or extremely high (> 100) PSA values were isolated for manual review of the text. Of the 4,154 cases reviewed, the PSA value was coded incorrectly 1,464 times.

To highlight the seriousness of this chronic conversion problem, SEER has determined that the PSA value in its database is unreliable to the point that they have decided to exclude the PSA value from the data it releases! Imagine the research that won't be able to be done because of this.

Remembering this conversion rules for the various sites can be difficult. A conversion quick reference is provided that you may want to cut out and place beside your computer.

### CS Tumor Size: XXX

6.5 mm = 007  
1.4 mm = 001  
8.0 mm = 008  
2.5 cm = 25 mm = 025  
4 cm = 40 mm = 040

### Melanoma Breslow SSF 1:

X.XX  
0.02 mm = 002  
0.50 mm = 050  
0.74 mm = 074  
1.07 mm = 107  
1.50 mm = 150

### Prostate PSA SSF 1: XX.X

Colon/Rectum CEA SSF 3:  
XX.X

0.1 ng/ml or less = 001  
0.08 ng/ml = 001  
0.2 ng/ml = 002  
4.8 ng/ml = 048  
12.4 ng/ml = 124  
98.0 or more = 980

And when you make corrections, don't forget to send them to the CCR. This is easily done by uploading the correction file that is created by most software systems along with your new case file to the Eureka portal.

So, in conclusion, an audit is not something to be afraid of, but instead something that should be embraced. Focusing on a specific item can readily identify training needs to prevent errors from continuing to occur. As with any audit, be sure to reevaluate the data later after the training has occurred to document the improvement in your data.



## **NCRA – ADVOCACY & TECHNICAL DIRECTOR, EAST REGION**

### **Jayne Holubowsky, CTR**

Greetings from Virginia! I think I am finally getting the hang of my new NCRA position, with the guiding hand of our wonderful NCRA Executive Director, Lori Swain. I am excited to be a part of the NCRA Board of Directors. I am also honored to be your voice on the Board. Please do not hesitate to let me know if there is anything I can do to help you.

I would like to make you aware of the “Raise Your Voice” feature on the NCRA website. You can send to NCRA any issue about which may be of interest or concern to you. Please make use of this opportunity to have those questions and/or concerns address by NCRA.

NCRA Board of Directors is busy preparing for the next Education Conference. It will be held earlier this time – April will come fast! Be sure to note April 10 to 13, 2016 on your calendar. The meeting will be in Las Vegas, so get ready!!

The Board of Directors will hold a meeting at the end of September with a wide range of topics to be discussed. I am hoping to share some information with you after that meeting.

Remember, NCRA’s Board of Directors is your Board. You have voted to have these wonderful people represent **you**. Be sure you make use of the tools you have in your profession to promote and assist you in all aspects of your professional career. I would also encourage you to think about joining the volunteers who help to make this organization function. NCRA cannot do its job without the volunteers to guide the needs of its members. It is a truly rewarding venture.

Thank you all for your vote of confidence in me as your NCRA representative. I hope you will feel free to contact NCRA or me with anything you wish to discuss regarding our profession. I will do my best to keep you apprised of what is happening in NCRA.

## Board Member Profile

Jenean M. Burris, RHIT, CTR  
Vice President, Association of North Carolina Cancer Registrars  
Oncology Data Analyst-Wake Forest Baptist Medical Center, Winston  
Salem, NC



In case some of you don't know me, I wanted to introduce myself and tell you a little more than you probably want to know!

I am Jenean. I live in Thomasville, NC. I have been married to my husband Chris for 14 years. No kids, just one fat, spunky, orange cat named Collins. In my spare time, I love to spend time on the water at High Rock Lake. I also enjoy playing golf, shopping, and trips to the NC coast.

I graduated from Davidson County Community College in 2004 with my Associate's in Applied Science in Health Information Technology. I was hired June 2004 by my fantastic manager/mentor Inez Inman at Wake Forest Baptist Medical Center and I have been there since then...11 years now! I am surrounded by a wonderful team including:

Jan Boggs, RHIT, CTR  
Pam Childress-Obenau  
Adele Nissen, RHIT, CTR  
Kimberly Ortiz, CTR  
Shawnetta Peebles, RHIT, CTR (also an instructor at DCCC)  
Michael Serwint, MD, CTR  
Pat Spry, CTR  
Teresa Swan, CTR

In 2009 I added the exciting world of education to my resume by becoming an instructor for the Cancer Information Management program at Davidson County Community College. I teach Cancer Statistics and Epidemiology in the fall and Oncology Coding & Staging Systems in the spring. I love teaching! It is so rewarding when you find out that a previous student has passed the CTR exam and found a career they are thriving in.

I was proud to serve as co-chair of the Education Committee for the past two years. I look forward to serving as your Vice President this year.

## **HISTORIAN REPORT**

### **Deborah Poovey, CTR**

The Luna M. Woods Award is in recognition of deserving candidates who have demonstrated dedication, educational leadership, extraordinary enthusiasm, tireless commitment, professional achievement or outstanding and attentive faithful service that benefit the Association of NC Cancer Registrars and the cancer registry profession.

The nominee this year received her education at Catawba Valley Community College with a Medical Secretarial Degree and Appalachian State University with a Bachelor of Technology in Business Education.

All of this led to a career working in the cancer registry and all things related. A few listed are:

- Started the Cancer Registry at Frye Regional in January 1990.
- Passed the Certified Cancer Registrar Exam: Spring of 1993
- President of TRANC (ANCCR) 2000-2002
  - Vice President
  - Program Chairman
- Mentored Cancer Registrars across the state.
- This year she was a temporary worker with the North Carolina Central Cancer Registry.
- Helped build the Cancer Program at Frye Regional Medical Center:
  - Five American College of Surgeons Surveys
  - Two NAPBC Surveys
- Her Tumor Boards and Breast Conferences now average 27 people in attendance.
- She schedules the cases, collects the information and types the PPT for all the conferences.
- She also is a Sun Health Educator at Frye Regional.
  - She designed a sun health program using American Cancer Society Literature (Slip, Slop, Slap, Wrap) for the school systems.
  - She has spoken to over 10,000 students about sun safety.

When there are cancer events in the community, you will find her there giving back to the community with education material, fund raising, mingling with cancer survivors or cancer patients and families with encouragement in their journey. Other roles she has served in include:

- Clinical Instructor for the Health Information Technology and Informatics program at Catawba Valley Community College for 15 years.
- Volunteer History: American Cancer Society Volunteer for over 35 years.
- President of the Local Unit, Survivorship chairman for Relay for Life, worked on local planning committee, fundraiser and Team Captain of Relay for Life for many years.
- Susan G. Komen NC Foothills Affiliate volunteer for 16 years.
  - Currently President of the Board of Directors.
  - Served as Survivor Luncheon chairman, race volunteer, community outreach coordinator
  - Last fall gave out nearly 800 pink ribbon pins to community service workers (firemen, law enforcement officers, and emergency medical personnel).
- Former member of the Catawba County Health Taskforce.



- Helped write the cancer section of the Catawba County Community Assessment and defended it before community leaders.
- Cancer is a priority for Catawba County.

This lady loves her FAMILY and friends. She has a big heart and lots of compassion for us. If you are a friend in need, she is a friend indeed. She enjoys being with her family, always there for them whether it is cat sitting or holding down the home place. She likes working in the yard. She is an avid FaceBook fan and you can see those beautiful trees and flowers in her yard on there. She likes both the beach and the mountains and escapes there as much as possible. Her children are the six cats at home: Sam, Tyler, Zoey, Dusty, Rosie, and Spot who cannot seem to stay out of trouble.

**Congratulations, Teresa Jarrett, recipient of the 2015 Luna M. Woods Award.**



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"My mission in life is not merely to survive, but to thrive, and to do so with some passion, some compassion, some humor, and some style."

- Maya Angelou

"Attitude is a little thing that makes a big difference."

- Winston Churchill