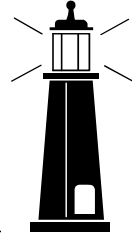


# The Sentinel



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

Spring 2008



## **Message from our President**

*Carol Burke, CTR*

### Message from ANCCR President

It seems like just yesterday we celebrated Christmas and New Year's and here it is April already. The week of April 7-11 is a very important week for all cancer registrars, as it is our week to be recognized and to show off our work and many talents!! It is an honor to be the president of such a fine organization as ANCCR and the reason this organization is so successful is because of each and every one of its members and Executive Board Members. I am sad that my term is coming to an end, but look forward to serving on the board in some capacity for many years to come. I wish there was some way that I could personally recognize each and every one of you for the very valuable work that you do each day. Thank you for your dedication to the cancer patients that we serve and for your diligence in the fight against cancer.

Being involved on the ANCCR Executive Board is a very rewarding experience, and one that I encourage each of you to strive for. There are many committees that are needed to carry out the organizations functions. The friends that you make in doing so are one of the biggest benefits, not to mention the knowledge that is gained. I am sure that anyone who currently serves on the board would be glad to answer any questions that you may have about serving, please contact them.

The Executive Board has been hard at work since the meeting in September, planning for our next meeting in Winston-Salem. The Planning Committee has put together an exceptional agenda and I am sure that if you are able to attend, you will agree. The meeting brochures and registration information will be mailed in the upcoming weeks- stay tuned for this information.

Election of officers is also coming up at the fall meeting. The candidate profiles will be published in the summer edition of The Sentinel. If you are interested in nominating

someone or running for any of the elected positions, please get in touch with Blanche Sellars and let her know.

Spring has officially arrived and with that comes the Relay for Life season. I am sure that many of you are involved with Relay for Life in some capacity. If you are willing to share your experiences with Relay for Life, please send them to me. The first Sunday in June is National Cancer Survivor Day, if you have anything planned to recognize the cancer survivors in your area, please share that as well.

With the arrival of spring comes the NCRA Annual Educational Meeting which is being held in Minneapolis, MN this year. If you are planning to attend, please let me know. We are putting together a list of everyone from NC who is going along with cell phone numbers so that we can sit together and make dinner/shopping/sightseeing plans together. ANCCR is fortunate to have several members who serve on NCRA committees and our own Inez Evans is running for President-Elect. Good Luck Inez!!!!

As always, I am available to answer questions or talk-give me a call or e-mail me at [carol.burke@pardeehospital.org](mailto:carol.burke@pardeehospital.org).

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### **Happy National Cancer Registrars Week!**

The North Carolina Central Cancer Registry (NC CCR) commends all North Carolina cancer registrars for their important contribution to reducing the burden of cancer in North Carolina! The CCR joins registrars throughout the state in celebrating National Cancer Registrars Week April 7-11. We encourage you to promote the field in your facility and your communities.

Your expertise and timely high quality reporting of cancer data to the CCR ensures that we have a clear picture of the status of cancer in the state and where we need to focus our efforts. Your cancer data is used to plan and evaluate national and state programs that address prevention, early detection, treatment and quality of life of cancer patients. Physicians, researchers and health care administrators rely on your quality cancer data. The CCR is sending letters of commendation to administrators of hospital cancer programs, acknowledging the vital role you play in your facility and for the public!

Karen Knight  
Director, NC CCR



**ANCCR Fall Meeting 2008**

Location: Winston-Salem

Dates: Sept. 24-26, 2008

Place: Brookstown Inn (check out web site: <http://www.brookstowninn.com>)

Room Rate: \$99 plus tax 12.75%

Breakfast included in room rate

Registration: \$125 (members), \$150 (non-members)

Local Hosts: WFU Baptist Medical Center and Forsyth Medical Center

Contacts:

Inez Evans [ievans@wfubmc.edu](mailto:ievans@wfubmc.edu)

Cathy Rimmer [crrimmer@novanthealth.org](mailto:crrimmer@novanthealth.org)

Brochures will be distributed late spring and published on the ANCCR web site.

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Hello Everyone!

Sheri Breitenbach has offered to make CD's and DVD's of the past Annual Meetings for sale. You need to tell her when ordering which year you want. Sheri will do this for \$1 for each DVD sold--she will do the CD's for nothing, and will then give the rest of the money to ANCCR on behalf of the Ways & Means Committee. CD's will be \$5 and DVD's will be \$6. Sheri will be taking advanced orders.

You will need to contact Sheri about how she wants to receive the orders and the money. Thank you Sheri for helping out the Ways & Means Committee by performing this fundraiser!

The Ways & Means Committee needs you to donate your unwanted items for the White Elephant Sale and Silent Action at ANCCR's fall meeting in Winston-Salem! These items include books, DVD's Videos, CD's, etc.... Also, all crafty people are encouraged to donate one or more craft items. All items are greatly appreciated!

Patricia  
Ways & Means Committee Chair

## **Streamlining Processes for the Cancer Registry and Cancer Program**

### **Patient Follow-Up**

The Cancer Registry at Forsyth Regional Cancer Center decided to look for more efficient ways to handle the monthly mailing of our follow-up letters.

To give you some background, our registry was mailing at least 2,000 letters per month. This volume of printing had already been shifted from our local network department printer to one of the large mainframe printers in our IT operations. We had to stock IT operations with our letterhead and reserve a time to print. This became a very expensive process because the letterhead paper was thicker than copy paper and caused many jams in these high speed printers. We probably lost at least 1 pack (500 sheets) each month.

We would then transport the printed letters to a conference room (reserved ahead of time) to sort the letters and stuff envelopes. We attempted to batch letters to physician partners to the practice in 9x12 envelopes to save some money. It took at least 4 FTE's all day to complete this process. So this process could be calculated as 4 FTE's x 8 hours x 12 months = 384 staff hours.

So at the workshop I attended an in-house workshop to learn about a company called Scann Sort that processed the hospital mail and did special projects for departments. That is when the light bulb went off in my head. I scheduled a separate meeting with the Scann Sort representative to discuss our follow-up process.

We developed a new process that saved staff hours and money. Scann Sort required that I stock them with envelopes (window and prepaid). This was actually good for our department because storage space is at a premium. I was able to order a year's supply of envelopes (saving money) and Scann Sort provided the storage.

The next step was creating a mail merge follow-up letter that Scann Sort would use monthly with the file I would create. The company kept the letter on file. So each month, I ran my follow-up list in my registry software but exported the information into an excel file for Scann Sort to use for the merge. We had some difficulty using our hospital secure email function to send the file. Scann Sort picks up the hospital mail daily so I put the file (either CD or memory stick) in a media envelope (sealed) for Scann Sort to receive. At that point, I am done with the follow-up process.

Scann Sort does the mail merge and prints the letters (we provided our cancer center logo which gets inserted into the mail merge master). We can use standard copy paper by doing it this way (again saving money). Scann Sort folds and stuffs the envelopes and puts our prepaid return envelopes in the mailing as well. They sort the letters by zip code to get the lowest postage rate (saving money), and takes the letters to the post office. The monthly cost of this service is about \$300.00 which is a lot less than 32 staff hours. The staff are happier and so is my budget.

The one extra step that I do before I sent the file to Scann Sort is to remove some patients from the file. We have several large medical groups for which we have direct access to their records. I remove those patients from the excel file and create a separate file for our follow-up specialist to use. That reduces the number of letters and expense.

So you may want to explore if there is a similar type of service in your area.

### **Tumor Board Documentation**

Our cancer program started using the eeds system several years ago to relieve us of the burden of all the paperwork that was required to track our Tumor Board meetings for the ACoS standards and also to provide an easier way to retrieve/report annual CME records to physicians who attended those meetings.

We invited a representative from eeds to attend one of our Tumor Boards to do a presentation about the program and benefits. We ordered swipe cards and paid an annual subscription for the physicians who attended our various Tumor Boards regularly. We made the decision not to buy cards/subscriptions for non-physicians even that option is available. We enter those folks' attendance manually. We rent the card reader from eeds.

Eeds had been very sensitive to the types of reports cancer registrars must generate to meet ACoS requirements. Standard reports have been created which give you the attendance of the 5 required specialties, number of prospective cases, etc...by any date range. This is so much easier than keeping a paper grid. I am able to give detailed reports quarterly to our Cancer Committee regarding our Tumor Boards without much effort.

Our physicians love the system as well. Instead of having to go through stacks of attendance reports to get their CME hours, physicians can go to the eeds web site and get their own hours. For those who are not so computer savvy, it is just a few computer clicks to get their CME record from the web site and email it or print out to the physician. From the web site, the physician has the option to email the file to the NC Board of Physicians.

This is neither an advertisement nor endorsement of a particular vendor. I just wanted to give cancer registrars examples of ways to use other resources to save time and money. These resources we have found and use free up our registrars to focus on their primary job role – cancer data collection.

Cathy Rimmer, BA, MDiv, CTR  
Manager, Cancer Data Base  
Forsyth Medical Center

## Original Research

### ***Targeting Lymph Node Retrieval and Assessment in Stage II Colon Cancer: A Quality Outcome Community-Based Cancer Center Study***

Thomas Grote, MD, Amy H. Hughes, Cathy C. Rimmer, MDiv, Dale A. Less, Amy P. Abernethy, MD, Multidisciplinary Gastrointestinal Tumor Board, Derrick L. Davis Forsyth Regional Cancer Center

Piedmont Hematology Oncology Associates, Derrick L. Davis Forsyth Regional Cancer Center; Salem Health Solutions; and Duke Cancer Care Research Program, Winston-Salem, NC

Corresponding author: Thomas Grote, MD, 1010 Bethesda Court, Derrick L. Davis Forsyth Regional Cancer Center, Winston-Salem, NC 27103; e-mail: tgrote{at}phoa.org

**Purpose:** Adequate lymph node evaluation is required for the proper staging of colon cancer. The current recommended number of lymph nodes that should be retrieved and assessed is 12.

**Methods:** The multidisciplinary Gastrointestinal Tumor Board at the Derrick L. Davis Forsyth Regional Cancer Center reviewed and recommended that a minimum of 12 lymph nodes be examined in all cases of colon cancer to ensure proper staging. This recommendation occurred at the end of the first quarter of 2005. To ensure this new standard was being followed, an outcomes study looking at the number of lymph nodes evaluated in stage II colon cancer was initiated. All patients with stage II colon cancer diagnosed between 2004 and 2006 were reviewed.

**Results:** There was a statistically significant improvement in the number of stage II colon cancer patients with 12 or more lymph nodes evaluated. Before the Gastrointestinal Tumor Board's recommendation, 49% (40 out of 82 patients) had 12 or more lymph nodes sampled. The median number of lymph nodes evaluated was 11. After the Gastrointestinal Tumor Board's recommendation, 79% (70 out of 88 patients) had 12 or more lymph nodes sampled. The median number of lymph nodes was 16.

**Conclusion:** Multidisciplinary tumor boards can impact the quality of care of patients as demonstrated in this study. Although we do not yet have survival data on these patients, based on the previous literature referenced in this article, we would expect to see an improvement in survival rates in patients with 12 or more nodes retrieved and assessed.

## **Training in Cancer Data Collection**

The next workshop for registrars with less than 2 years of experience will be in Asheville, NC

Dates: August 18-22, 2008

Detailed information is posted on the ANCCR Web site.

<http://www.ncregistrars.com> Copies were mailed to ANCCR members.

### **NC Hospital Webinar Sites and Contact Information**

**All times are: 9:00 am - 1:00 pm unless otherwise noted**

Please contact your host for a seat reservation as seating may be limited

| City                        | Hospital                             | Host             | Email  |
|-----------------------------|--------------------------------------|------------------|--|
| Hendersonville              | Margaret Pardee Hospital             | Carol Burke      | <a href="mailto:carol.burke@pardeehospital.org">carol.burke@pardeehospital.org</a>               |
| Shelby                      | Cleveland Medical Center             | Nina Benfield    | <a href="mailto:nina.benfield@carolinashealthcare.org">nina.benfield@carolinashealthcare.org</a> |
| Charlotte                   | Presbyterian Hospital                | Priscilla Sutton | <a href="mailto:pfsutton@novanthealth.org">pfsutton@novanthealth.org</a>                         |
| Winston-Salem               | Forsyth Medical Center               | Cathy Rimmer     | <a href="mailto:crrimmer@novanthealth.org">crrimmer@novanthealth.org</a>                         |
| Burlington<br>(2:00-6:00pm) | Alamance Regional Medical Center     | June McCabe      | <a href="mailto:mccajune@armc.com">mccajune@armc.com</a>   |
| Pinehurst                   | First Health Moore Regional Hospital | Leta Vess        | <a href="mailto:lvess@firsthealth.org">lvess@firsthealth.org</a>                                 |
| Jacksonville                | Onslow Memorial Hospital             | Margaret Weaver  | <a href="mailto:margaret.weaver@onslowmemorial.org">margaret.weaver@onslowmemorial.org</a>       |

| Dates for remaining webinars: | TOPICS                                    |
|-------------------------------|---|
| 5/8/2008                      | Data Quality and Data Use                 |
| 7/10/2008                     | Abstracting Upper GI Cancers              |
| 9/11/2008                     | Abstracting other Digestive System Cancer |

## **To Code or Not Code – Hormonal Therapy for Thyroid Cancer**

The March NAACCR webinar series focused on the topic of abstracting cancer of the thyroid and larynx. Included in this discussion was coding hormonal therapy for thyroid cancer. The instruction given was that hormone replacement therapy (HRT), such as Synthroid, should be coded as hormonal therapy even if the patient has undergone a thyroidectomy. This raised a few questions, so I thought it would be beneficial to provide some additional information about this.

Listed below are some excerpts from various COC reference documents that corroborate this information, including the ROADS, the FORDS, and the I&R. Interestingly, what I found was that the ROADS specifically listed TSH as an exception to the HRT rule. In the FORDS, it is no longer stated as an “exception”, rather just lists it as another bullet point further down in the coding instructions, which could make it easier to miss.

### **The ROADS 1998 (the good 'ole days):**

Tumor involvement or cancer-directed treatment may destroy hormone-producing tissue. Hormone replacement therapy will be given if the hormone is necessary to maintain normal metabolism and body function. Do not code the replacement therapy as a cancer-directed hormone treatment.

Example: Patients with breast cancer may be treated with aminoglutethimide (Cytadren, Elipten), which suppresses the production of glucocorticoids and mineralocorticoids. These patients must take glucocorticoid (hydrocortisone) and may also need a mineralocorticoid (Florinef) as a replacement therapy.

*Exception: Thyroid hormone replacement inhibits the pituitary production of thyroid-stimulating hormone (TSH). Because TSH could stimulate tumor growth, the thyroid hormone replacement is also a cancer-directed treatment.*

### **The FORDS 2007:**

- Tumor involvement or treatment may destroy hormone-producing tissue. Hormone replacement therapy will be given if the hormone is necessary to maintain normal metabolism and body function. Do not code hormone replacement therapy as part of first course therapy.
- Code 01 for thyroid replacement therapy which inhibits TSH (thyroid-stimulating hormone). TSH is a product of the pituitary gland that can stimulate tumor growth.



**The following are several I&R entries pertinent to coding TSH:**

23399 8/16/2007, 21581 3/15/2007, 15663 7/14/2005: Is Synthroid coded as hormonal therapy for patients who receive this after they have undergone a thyroidectomy even though it was prescribed to provide the hormone they lost?

Answer: It is being used for more than just providing the hormone that they lost by the removal of the thyroid gland. Thyroid hormone replacement inhibits pituitary production of thyroid stimulating hormone (TSH) which could stimulate tumor growth. Therefore, it should be coded as hormonal therapy. If Synthroid is only given prior to the diagnosis of cancer (none is given after the diagnosis), it is not considered treatment and should not be coded.

22657 6/28/2007, 25092 1/10/2008: If a patient who had been on Synthroid was diagnosed with thyroid cancer, is the date of hormonal treatment the date Synthroid was resumed post-op?

Answer: Synthroid is considered "Hormonal Therapy" for thyroid cancer. If on Synthroid at the time of diagnosis, the date of diagnosis would be used. If not on Synthroid at the time of diagnosis, it would be the date Synthroid was resumed. This is not considered neoadjuvant therapy. The Synthroid is now being used as first course treatment of a thyroid cancer as a hormonal therapy. The role of the Synthroid changes.

So, to code or not to code? Yes, HRT, such as Synthroid, should be coded as hormonal therapy for the thyroid. Additional information on thyroid hormone treatment is also provided for your reading enjoyment!

Melissa Pearson, CTR  
Quality Management Specialist  
NC Central Cancer Registry

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**Thyroid Hormone Treatment**

Thyroid hormone is used to:

- help maintain the body's normal metabolism (by replacing missing thyroid hormone) "replacement therapy"
- help stop cancer cells from growing (by lowering TSH levels) "suppression therapy"

After a thyroidectomy, the body is no longer able to make the thyroid hormone it needs, so patients must take daily pills of thyroid hormone to replace the loss of the natural hormone. After surgery for thyroid cancer, thyroid hormone is needed to replace the function of the removed thyroid gland and to keep any small or residual amounts of thyroid cancer cells from growing.

Thyroid hormone suppression therapy (Synthroid) is an important part of the treatment of thyroid cancer and is effective in stopping the growth of microscopic thyroid cancer cells or residual thyroid cancer. Normal thyroid function is regulated by the pituitary gland. The pituitary makes thyroid stimulating hormones (TSH) that causes the thyroid gland to make thyroid hormone for the body. TSH promotes growth of the thyroid gland and probably of thyroid cancer cells. The level of TSH is regulated by how much thyroid hormone is in the blood. If the level of thyroid hormone is low, the pituitary makes more TSH. If the level of thyroid hormone is high, the pituitary makes less of it.

If higher than normal doses of thyroid hormone is given, TSH levels can be kept very low. This may slow the growth of cancer cells and lower the chance of a recurrence.

Long term side effects of taking higher than normal levels of thyroid hormone may include the risk of fast, irregular heart rhythms, exacerbation of chest pain and decreased bone density.

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**A LISTING OF THE FDA-APPROVED MEDICINES**

| PRODUCT .....            | FDA RATING ..... | MANUFACTURER            |
|--------------------------|------------------|-------------------------|
| <b>Unithroid®</b> .....  | <b>AB</b> .....  | <b>(Stevens)*+</b>      |
| <b>L-Thyroxin</b> .....  | <b>AB</b> .....  | <b>(Mylan) *#</b>       |
| <b>Levo-T®</b> .....     | <b>BX</b> .....  | <b>(Alara)</b>          |
| <b>Levoxyl®</b> .....    | <b>BX</b> .....  | <b>(Jones)*</b>         |
| <b>Novothyrox®</b> ..... | <b>BX</b> .....  | <b>(GenPharm)</b>       |
| <b>Synthroid®</b> .....  | <b>BX</b> .....  | <b>(Abbott)*</b>        |
| <b>Levothroid®</b> ..... | <b>BX</b> .....  | <b>(Forest/ Lloyd)*</b> |
| <b>Levolet®</b> .....    | <b>BX</b> .....  | <b>(Vintage)</b>        |

*LEGEND: AB = interchangeable BX = not interchangeable*

*\* = currently available + = This is BX rated vs the other name brand LT4s*

*# = This is AB rated only to Unithroid and is considered the only “generic”.*

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“Natural” thyroid hormone known as desiccated (dried and powdered) animal thyroid, mainly obtained from pigs, was the most common form of thyroid therapy before synthetic thyroid hormone was discovered. The balance of T4 and T3 in animals is not the same as in humans so the amounts of both T4 and T3 can vary in every batch of desiccated thyroid, making it harder to keep blood levels right.

The above information was taken from [www.cancer.org](http://www.cancer.org) and [www.thyroid.org](http://www.thyroid.org) websites.

Inez Evans, BS, RHIT, CTR  
 Manager, CancerRegistry  
 WFU Baptist Medical Center

## **MEMBERSHIP**

The membership form is posted on the ANCCR web site under Member Benefits.

Please note: (posted on web site)

### ***Effective 3/8/2005***

Members who have been a paid member in good standing for one year prior to taking the CTR exam, will receive one year's free membership when passing the CTR exam. Members must submit proof of passing in writing to the President within 90 days of the exam date. The President will mail the member a certificate/coupon for a one year's free membership. The certificate/coupon must be submitted with the membership application.

***By decision of the ANCCR Executive Board on 3/8/05, the \$50 reimbursement for passing the CTR exam will no longer be offered***

### **ANCCR's Executive Board 2007-2008**

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|--|---|
| <p><b>President:</b> Carol Burke, CTR<br/><a href="mailto:Carol.burke@pardeehospital.org">Carol.burke@pardeehospital.org</a></p> <p><b>Immediate Past President:</b><br/>Elizabeth Tucker, CTR<br/><a href="mailto:etucker@hprhs.com">etucker@hprhs.com</a></p> <p><b>Vice President &amp; Program Chair:</b><br/>Deborah Carrethers, CTR<br/><a href="mailto:dgcarrethers@novanthealth.org">dgcarrethers@novanthealth.org</a></p> <p><b>Secretary:</b> Susan Brossoie, RHIT, CTR<br/><a href="mailto:sbrossoi@unch.unc.edu">sbrossoi@unch.unc.edu</a></p> <p><b>Treasurer:</b> Tara Lewis, BA, CTR<br/><a href="mailto:Tara.lewis@msj.org">Tara.lewis@msj.org</a></p> <p><b>Ways &amp; Means:</b> Patricia West, CTR</p> <p><b>Grants &amp; Vendors:</b> Paige Tedder, CTR<br/><a href="mailto:pdt564@hotmail.com">pdt564@hotmail.com</a></p> <p><b>New Registrar Training:</b><br/>Melissa Pearson, CTR<br/><a href="mailto:melissa.pearson@ncmail.net">melissa.pearson@ncmail.net</a></p> | <p><b>Bylaws:</b> Debra Witzler, BS, RHIT, CTR<br/><a href="mailto:dwitzler@unch.unc.edu">dwitzler@unch.unc.edu</a></p> <p><b>Education:</b> Inez Evans, BS, RHIT, CTR<br/><a href="mailto:ievans@wfubmc.edu">ievans@wfubmc.edu</a></p> <p><b>Historian:</b> Sheri Breitenbach, RN, CTR<br/><a href="mailto:sherilyn.Breitenbach@rexhealth.com">sherilyn.Breitenbach@rexhealth.com</a></p> <p><b>Membership:</b> Vickie Gill, RHIA, CTR<br/><a href="mailto:vagill@novanthealth.org">vagill@novanthealth.org</a></p> <p><b>Nominating:</b> Blanche Sellars, CTR<br/><a href="mailto:annie.sellars@rexhealth.com">annie.sellars@rexhealth.com</a></p> <p><b>Publications:</b> Inez Evans, BS, RHIT, CTR<br/><a href="mailto:ievans@wfubmc.edu">ievans@wfubmc.edu</a></p> <p><b>Web Site Coordinator &amp; ACCCC Liaison:</b><br/>Cathy Rimmer, BA, MDiv, CTR<br/><a href="mailto:cgrimmer@novanthealth.org">cgrimmer@novanthealth.org</a></p> <p><b>NCRA Liaison:</b> Elizabeth Tucker, CTR<br/><a href="mailto:etucker@hprhs.com">etucker@hprhs.com</a></p> <p><b>Central Cancer Registry Liaison:</b> open</p> |
|--|---|

## NEW NORTH CAROLINA CTR'S

that passed the September, 2007 CTR Exam  
So sorry that these names were omitted in the last issue

Tanya Eades, RHIT, CCS, CTR  
Lake Norman Medical Center

Sarah Easley, RN, CTR  
Beaufort County Hospital

Beverly Gould, RHIT, CTR  
New Hanover Health Network

Tonia Irwin, CTR  
Southeastern Regional Medical Center

Deana Shortridge, CTR  
Gaston Memorial Hospital

Joy Velasquez, CTR  
Naval Hospital – Camp Lejeune

*Congratulations!!!!*

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**NCRA 2008, MINNEAPOLIS**  
**National Cancer Registrars Association**  
**Date: April 28 – May 1**



#### 40 Tips for Better Life - 2008

1. Take a 10-30 minute walk every day. And while you walk, smile. It is the ultimate anti-depressant.
2. Sit in silence for at least 10 minutes each day. Buy a lock if you have to.
3. Buy a DVR and tape your late night shows and get more sleep.
4. When you wake up in the morning complete the following statement, 'My purpose is to \_\_\_\_\_ today.'
5. Live with the 3 E's -- Energy, Enthusiasm, and Empathy.
6. Play more games and read more books than you did in 2007.
7. Make time to practice meditation, yoga, tai chi, and prayer. They provide us with daily fuel for our busy lives.
8. Spend time with people over the age of 70 and under the age of 6.
9. Dream more while you are awake.
10. Eat more foods that grow on trees and plants and eat less food that is manufactured in plants.
11. Drink green tea and plenty of water. Eat blueberries, wild Alaskan salmon, broccoli, almonds & walnuts.
12. Try to make at least three people smile each day.
13. Clear clutter from your house, your car, your desk and let new and flowing energy into your life.
14. Don't waste your precious energy on gossip, energy vampires, issues of the past, negative thoughts or things you cannot control. Instead invest your energy in the positive present moment.
15. Realize that life is a school and you are here to learn. Problems are simply part of the curriculum that appear and fade away like algebra class but the lessons you learn will last a lifetime.
16. Eat breakfast like a king, lunch like a prince and dinner like a college kid with a maxed out charge card.
17. Smile and laugh more. It will keep the energy vampires away.
18. Life isn't fair, but it's still good.
19. Life is too short to waste time hating anyone.

20. Don't take yourself so seriously. No one else does.
21. You don't have to win every argument. Agree to disagree.
22. Make peace with your past so it won't spoil the present.
23. Don't compare your life to others'. You have no idea what their journey is all about.
24. No one is in charge of your happiness except you.
25. Frame every so-called disaster with these words: 'In five years, will this matter?'
26. Forgive everyone for everything.
27. What other people think of you is none of your business.
28. GOD heals almost everything.
29. However good or bad a situation is, it will change.
30. Your job won't take care of you when you are sick. Your friends will. Stay in touch.
31. Get rid of anything that isn't useful, beautiful or joyful.
32. Envy is a waste of time. You already have all you need.
33. The best is yet to come.
34. No matter how you feel, get up, dress up and show up.
35. Do the right thing!
36. Call your family often. (Or email them to death!!!) Hey I'm think'n of ya! =)
37. Each night before you go to bed complete the following statements: I am thankful for \_\_\_\_\_.  
Today I accomplished  
\_\_\_\_\_.
38. Remember that you are too blessed to be stressed.
39. Enjoy the ride. Remember this is not Disney World and you certainly don't want a fast pass. You only have one ride through life so make the most of it and enjoy the ride.
40. May your troubles be less, May your blessings be more, May nothing but happiness come through your door!