



The Sentinel

The Newsletter for the Association of North Carolina Cancer Registrars

Spring 2022

Message from the President: Amy Arnold, BA, CTR

Happy Spring ANCCR family,

Last week I was afforded the opportunity to attend the NCRA 2022 Educational Conference held at the Gaylord National Harbour Resort. The meeting was wonderful. This year marked the first hybrid event offered by NCRA. They did a marvelous job.

While in-person attendance was down to around 400 individuals the on-line conference boasted 2000 attendees. What a remarkable number. It's wonderful to see so many cancer registrars able to share in gaining knowledge about our profession.

This year's conference included discussions from the various standard setters as well as industry experts. I'd like to share a few of the items that will be coming in upcoming years.

AJCC:

As AJCC releases the 9th edition of the various chapters they are implementing a protocol approach to each chapter. This approach will include the same formatting across all chapters. This will help physicians and registrars find the pertinent information they are looking for regardless of the chapter they are reviewing. Anus and Appendix will be the next two chapters to be released in 2023.

SSDI:

Jennifer Ruhl informed attendees that ER Allred and PR Allred will no longer be collected with cases diagnosed on or after 1/1/2023. She also reminded attendees that most of the changes we see in SSDI come from questions raised on the CANSWER forum. Keep submitting those questions and remember that once Jennifer has answered them you are allowed to take that answer and implement it as you abstract your cases.

Cancer PathCHART Initiative:

As you know it takes time for changes to be implemented in the registry. Due to this time lapse we have all seen terminologies utilized by physicians and pathologists that don't directly correspond to our various standard setters. This happens due to WHO updates being implemented in the medical community and the lag time for them to be implemented in our registry community. The Cancer PathCHART initiative is seeking to give registrars a crosswalk between our current terminology and the WHO terminologies. This initiative is just getting started but their goal is to have a website freely available which will allow registrars to search for

key terms. Once they are found there will be a crosswalk to applicable terms utilized by registrars. The goal timeline is to roll this out in early 2024.

Lastly there was a great focus on volunteering. I'd like to encourage every member of ANCCR to consider volunteering for either our state association or NCRA. While I know the idea of volunteering can feel very overwhelming for someone who hasn't done so in the past, it is a rewarding experience and you will find wonderful mentors available within the organizations. If you are interested in volunteering for ANCCR please reach out to me at aarnold@mycrstar.com and I will help you find a place to get plugged in.

Thank you again for allowing me the opportunity to attend this wonderful conference as your ANCCR representative.

Amy

ANCCR's Executive Board 2021-2022

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ANCCR Resource Manual	Ruth Maranda, LPN, CTR	ruth.maranda@dhhs.nc.gov
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NC CCR Liaison	Melissa Pearson, CTR	melissa.pearson@dhhs.nc.gov

Upcoming Annual Educational Conferences

ANCCR Educational Fall Meeting

2022 – Sept or Oct – Flat Rock, NC
In-person and maybe Virtual – stay tuned

NCRA Educational Conference

2022 – May 7-10, San Diego, CA

TREASURER REPORT

Laura Alberti

ANCCR 2022 First Quarter Treasurer Report

Beginning Balance 12/31/2021:

Checking:	\$24,448.71
Money Market:	\$21,616.95
Total	\$46,065.66

Deposits:

Membership dues income January - March	\$1,130.02
NCRA Conference Registration	\$4,930.00
Bank Interest Earned	\$1.60

Expenses:

NCRA President Conference Fee	\$560.00
Website Fees	\$1,236.28
Bank Statement Charges	\$45.00

Total Deposits Checking	\$6,060.02
Total Deposits Money Market	\$1.60
Total Expenses Checking	\$1,841.28
Total Expenses Money Market	\$0.00

Ending Balance 03/31/2022:

Checking:	\$28,667.45
Money Market:	\$21,618.55
Total	\$50,286.00

MEMBERSHIP

Jenean Burris, RHIT, CTR

As of 4/12/22, ANCCR has 124 members!

WEBSITE REPORT

Cathy Rimmer, BA, CTR

Membership dues can now be paid using an on-line form and using Paypal. The membership dues are an extra \$1.00 on the on-line form in order to offset the service charge by Paypal. The membership chair and treasurer both receive notifications. The word/PDF versions to print and payment by check are still available.

For annual meetings, we can set up an on-line registration form. However, it needs to be limited to single registrations. Group registrations were an issue in the past. The webmaster that hosts our site recommends only allowing single registrations.

A4C Liaison

Kathleen Foote, CTR

No report

EDUCATION REPORT

Kimberly Swing, CTR

Educational Opportunities:

NCRA Center for Cancer Registry Education - <http://www.cancerregistryeducation.org/>

Access to high-quality educational programming to support both seasoned professionals and those new to the field, included are programs related to AJCC 8th Edition. Most are fee based.

NCRA Registry Resources - <http://www.cancerregistryeducation.org/rr>

A series of informational abstracts and presentations that show registrars how to use these important resources, these site-specific abstracts provide an outline to follow when determining what text to include. FREE

SEER Educate - <https://educate.fredhutch.org/LandingPage.aspx>

Improve technical skills through applied testing on the latest coding guidelines and concepts. Complete practice abstracts and earn up to 20 CE credits per cycle. FREE

NCRA's Mini-Learning Shorts- Great guide for new registrars-

<http://www.cancerregistryeducation.org/best-practices?fbclid=IwAR1bfhzNf844uTRZKbhelHvK0G2MSBumllQH0o4K1hYqe46BmmmxPrnIVfY>

and <http://www.cancerregistryeducation.org/introduction-to-the-cancer-registry>

<https://education.naaccr.org/freewebinars> - NAACCR Talks are free webinars on topics of concern to the NAACCR membership. View recordings of the live webinars for no charge.

Tumor Talk- sign up to receive webinar invitations presented by Omega Healthcare, formerly Himagine Solutions at [Events & Webinars - Omega Healthcare \(omegahms.com\)](https://www.omegahms.com) Tumor Tips at [News & Blog - Omega Healthcare \(omegahms.com\)](https://www.omegahms.com)

Registry Partner's Coding Break- Educational presentations on YouTube created by Registry Partners <https://www.youtube.com/channel/UCFePdWVva8qfosv7jL11tyQ>

American College of Surgeon's Commission on Cancer Webinars-

<https://www.facs.org/quality-programs/cancer/events> , Free courses: [Courses | American College of Surgeons | Online Learning \(facs.org\)](#), Registrar's guide to Updating Radiation Data items- [Registrar's Guide to Updating Radiation Data Items | American College of Surgeons | Online Learning \(facs.org\)](#)

Register today for CAnswer Forum LIVE Webinar:

<https://www.facs.org/caforumlive> 1 CE hour awarded

- CAnswer Forum LIVE- 05/11/2022, 10/12/2022

ACOS- Cancer Program Calendar- [The Latest from Cancer Programs \(facs.org\)](#)

AJCC:

View recordings of the live webinars for no charge.

8th Edition Webinars- [AJCC 8th Edition Webinars \(facs.org\)](#)

AJCC Version 9 Webinar- [AJCC Version 9 Webinars \(facs.org\)](#)

AJCC Curriculum for Registrars- [AJCC Curriculum for Registrars \(facs.org\)](#)



<http://www.ncregistrars.com/>

NC State Cancer Registry purchased a subscription to the NAACCR Cancer Registry & Surveillance Webinar Series. Each webinar is three hours (3 CE's) and after the LIVE version, a link to the webinar will be available to ANCCR members on the ANCCR website, as soon as it is available each month.

NAACCR webinar schedule:

5/5/22 Colon

6/2/22 Central Nervous System

7/7/22 Back to The Future: What year is it and What did I miss?

8/4/22 Tumor Rules

9/1/22 Coding Pitfalls

Coding, Staging and Abstracting Resources:

***Online version of IDC-O-3** -[IACR - International Classification of Diseases for Oncology \(ICD-O\)](#), [ICD O 3 Coding Updates \(naaccr.org\)](#)

***SEER 2022 updated case finding list-** <https://seer.cancer.gov/tools/casefinding/>

***SEER RX-** <https://seer.cancer.gov/seertools/seerrx/>

***SEER*RSA-** <https://staging.seer.cancer.gov/>

* **EOD General Coding Instructions-** [Schemas | SSDI Data | \(naaccr.org\)](#)

- * **Ask a SEER Registrar-** <https://seer.cancer.gov/registrars/contact.html>
- * **Cancer Forum-** <http://cancerbulletin.facs.org/forums/help>, also see ask the pathologist Cancer Forum
- * **Hematopoietic and Lymphoid Neoplasm Database-** [Hematopoietic Project - SEER Registrars \(cancer.gov\)](#)
- * **Solid Tumor Rules-** <https://seer.cancer.gov/tools/solidtumor/> Revision History- sept 2021
[Semptember 2021 Revision History for the Solid Tumor Rules \(cancer.gov\)](#)
- * **NAACCR- Site specific data items (SSDI/GRADE)-** [Schemas | SSDI Data | \(naaccr.org\)](#)
- * **NAACCR- Version 22 Reference page-** [Version 22 Reference Page \(naaccr.org\)](#)
- * **STORE-** Updated, effective for cases dx 1/1/22 [STandards for Oncology Registry Entry \(STORE v2022\) \(facs.org\)](#)
- * **AJCC- Errata for 8th edition AJCC Updates and Corrections (facs.org)** Paperback version of Cervix Uteri Protocol (version 9) is now available for purchase on Amazon for \$9.99
[Amazon.com: AJCC Cancer Staging System: Cervix Uteri \(Version 9 of the AJCC Cancer Staging System\) eBook: Olawaiye, Alexander B., Mutch, David G., Bhosale, Priya, Gress, Donna M., Vandenberg, Jana, Rous, Brian A. , Hagemann, Ian, Otis, Christopher , Sullivan, Daniel C., Washington, Mary Kay: Kindle Store](#)
- * **Informational Abstracts-** <http://www.cancerregistryeducation.org/rr>
- * **NCI Cancer Types-** <https://www.cancer.gov/types>
- * **RQRS User Guide-**
https://www.facs.org/~media/files/quality%20programs/cancer/ncdb/rqrs_userguide.ashx
- * **CTR Guide to Coding XRT-** Revised Guide 2022-
[case studies coding radiation treatment.ashx \(facs.org\)](#)
- * **NCDB- The Corner Store-** <https://www.facs.org/quality-programs/cancer/news>
- * **American College of Surgeons-** Subscribe to the newsletter *The Brief* at
<http://multibriefs.com/optin.php?ACSORG> or view articles at
<http://multibriefs.com/briefs/ACSORG/index.php>
- * **SEER Program Coding and Staging Manual 2022-** [SEER Program Coding and Staging Manual \(cancer.gov\)](#)
- * **SEER Abstracting Tool-** <https://seer.cancer.gov/seerabs/>
- * **SEER COVID 19 Abstraction Guideline-** <https://seer.cancer.gov/tools/covid-19/COVID-19-Abstraction-Guidance.pdf>
- * **NCCN Guidelines-** https://www.nccn.org/guidelines/category_1
- * **2020 COC Standards- effective 1/1/21-** https://www.facs.org/~media/files/quality-programs/cancer/coc/optimal_resources_for_cancer_care_2020_standards.ashx
- * **US Cancer Statistics Data Visualizations tool-** [USCS Data Visualizations - CDC](#)
- * **Summary stage 2018- version 2.1-** [Summary Stage 2018 - SEER \(cancer.gov\)](#)



National Accreditation Program for Breast Centers
Update on the PROMPT Study- [National Accreditation Program for Breast Centers \(facs.org\)](#)

National Cancer Institute
Nutrition in Cancer Care- [Nutrition in Cancer Care \(PDQ®\)–Health Professional Version - National Cancer Institute](#)

Newsmax Health
Concerning Trends for Prostate Cancer- [Concerning Trends for Prostate Cancer | Newsmax.com](#)

REPORT FROM THE NC CENTRAL CANCER REGISTRY Melissa Pearson, CTR

Happy Retirement, Ruth!

Please join me in wishing our very own, Ruth Maranda, CTR, a very happy retirement!

Ruth is officially retiring from full-time work and the NC CCR this July. Ruth made the switch from the nursing profession to the cancer registry profession 22 years ago and never looked back! Ruth was a Cancer Registrar in the Northeast, primarily with the Rhode Island and Massachusetts Cancer Registries as their education coordinator before moving to NC. She has been the Education and Training Coordinator/Quality Management Specialist for the NC CCR since 2016. Ruth has been dedicated to professional development and new registrar mentorship throughout her career serving on many committees with CRANE, ANCCR and NCRA including a chapter author of the NCRA Textbook 3rd edition.



Keep your eyes open; you never know where you might see her! Ruth is hitting the road and doing lots of travelling, watching the waves at the beach, and visiting with her children and grandchildren. We wish her many happy years of new adventures and will greatly miss her working with us here in the NC CCR.

Conversion to Version 22

The NC CCR is currently accepting v21 and v22 XML file formats. If your vendor has your upgrade to v22 ready, the NC CCR has no restrictions on implementing the upgrade. However, you should:

1. Complete as many 2021 and earlier cases as possible and do one final upload to the CCR before your convert to v22.
2. Continue uploading your submission files as usual, regardless of the version your software is currently using. In the WebPlus portal, be sure to pay attention to the version options and select the correct one based on the version of your file.
3. Make sure all files, regardless of version, pass all edits in the appropriate version of the NC edit metafile. Vendors were sent the NC v22 edits in October so these should be included in your upgrade to v22. If needed, work with your vendor to make sure you are running the appropriate NC edits.

4. Any files received in v22 will be held and loaded after we convert our databases to v22. We will be running all files (v21 and v22) through the appropriate edits upon upload. Any files with edit errors will be rejected.
5. Once we have an idea of when we will be able to convert our database to v22, we will announce when we will no longer accept files in v21 format.

All vendors are included on these announcement emails and will receive this information as well.



North Carolina Cancer Registrars get a shout out at the NCRA Annual Conference!

Did you watch Dr. Greene’s presentation at the NCRA Annual Conference? During the Q&A, he recognized NC for their continued COVID data collection. Way to go, NC Cancer Registrars, on your efforts to collect this information! In addition, Chandrika Rao gave a presentation on the COVID test data linkage which supports these efforts. This is available for viewing as an Online Exclusive. In your NCRA Educational portal, click on the Online Exclusive tab. The presentation is titled: COVID-19 Impact on State Registries.

Reminder: COVID-19 REQUIRED FOR 2022!

Make sure all text related to COVID-19 specifically includes the word “COVID-19”!

The CCR relies heavily on **TEXT**. The standard use of “COVID-19” in the text will allow us to isolate these cases for further evaluation. As we are continually learning about testing, it is better to document it and not need it than to need it and not have it! Below is the CCR’s guidance on how to standardize this documentation in the text.

Lab Text	Record the test type, date and results of ALL tests documented (positive and negative). All tests (PCR/RT-PCR/viral RNA, antigen/rapid and antibody) should be documented along with the keyword “COVID-19.” If a test is repeated, document the repeated test date and results as well.
Treatment Text	If treatment is delayed, modified, or not given due to the COVID-19 pandemic, add that detail to the corresponding treatment text field.
Remarks Text	Record COVID-19 related ICD-10 codes specified in the medical record.

FAQ’s:

1. What if the SARSCoV2 data items are modified after the case was submitted to the CCR?
Answer: Instructions were included in our v21 requirements to vendors to trigger a modified record if any one of the new data items was modified. The CCR should receive these updates through the modified record file. Text remains a critical component of the documentation. Continue to document all test types and results in the Lab Text Field along with the keyword “COVID-19”. When uploading, be sure to upload your Modified Record file in addition to your New Case file.
2. If treatment is delayed, when do I submit the case to the CCR?
Answer: Please wait until ALL first course of treatment data items can be coded before submitting the case to the CCR. Keep in mind that the treatment does not need to be completed. Only the start date and type of treatment needs to be known to complete the required data items in the abstract.



**Ruth Maranda CTR
NC CCR Education and Training Coordinator**

Looking forward to Spring and Summer. Ready for being outside and enjoying the weather.

Cancer requirements are always changing. Did you know that the AJCC website has moved? Be sure to bookmark the new location for AJCC information: <https://www.facs.org/quality-programs/cancer/ajcc>
An interesting question we received recently, does the CCR require basal cell carcinoma of the scrotum to be reported? The answer is YES!



Reference: CCARM 2022, page 36

Mucoepidermoid or Genital Sites:

The following specified basal and squamous cell carcinomas originating in *mucoepidermoid or genital sites* **ARE REPORTABLE** to the N.C. CCR.

- Report lesions arising in the mucoepidermoid tissue only for:
 - Lip C00.0 - C00.9 (Do not report lesions of the skin of the lip (C44.0).)
 - Anus C21.0 (Do not report lesions of the skin of the anus or perianal skin (C44.5).)
- Report lesions arising in the mucoepidermoid tissue or in the skin for:

Note: The skin for these sites in the ICD-O-3 do not have a C44 site code.

 - Labia C51.0 - C51.1 (Includes skin of the labia majora)
 - Clitoris C51.2
 - Vulva C51.8 – C51.9 (Includes external female genitalia of the vulva)
 - Vagina C52.9
 - Prepuce C60.0
 - Penis C60.1 - C60.9 (Includes skin of the penis and foreskin)
 - Scrotum C63.2 (Includes skin of the scrotum)

If you are having doubts about how or if to collect a site or histology, please contact your CCR representative or me. Always up for a challenge.

Re-Coding Audit: SSDI PSA Lab Value for Prostate
North Carolina Central Cancer Registry
Lora Stroud, CTR, Quality Management Specialist
Dianna Stucky, CTR, Quality Management Specialist



Purpose: Evaluate accuracy of PSA lab value coding in the SSDI
Criteria: Primary Site is Prostate (C61.9)
Study Period: Diagnosis is between January 2020 - April 2021

Results:

- 3,160 cases were reported and manually reviewed with 16% of the cases with errors
- 281 cases (9%) had PSA values from tests that were not performed within the 3-month time frame

- 210 cases (7%) had incorrect PSA values coded (typo, incorrect, or not rounded correctly)
- 20 cases (<1%) had PSA values from test performed AFTER the diagnostic biopsy

References:

SSDI Manual, General Rules, Timing for Recording Laboratory Tests, page 23:

All lab values must be done **no earlier than approximately three months before diagnosis**

AND unless instructions for a specific laboratory test state otherwise, record only tests results obtained:

- before any cancer-directed treatment is given (neoadjuvant therapy or surgical), AND
- if multiple lab tests are available, record the highest value.

SSDI Manual, Prostate (Schema ID: 00580), PSA Lab Value, Coding Guidelines, page 343:

The specific laboratory test instructions for the PSA SSDI tell us to record the **LAST pre-diagnosis** PSA lab value **PRIOR to diagnostic biopsy** and initiation of treatment.

*Note: This is a change from CSV2 where we were instructed to code the highest PSA value within three months prior to diagnostic biopsy.

Therefore, we should use the **LAST pre-diagnosis** PSA lab value **PRIOR to diagnostic biopsy** and initiation of treatment done **NO EARLIER THAN** approximately **THREE MONTHS before diagnosis**. If the test does not meet these criteria, code "test not done" or "unknown if test performed." The 3-month time limit was also asked and confirmed on the CAForum (Prostate SSDIs: PSA, 3-24-2022).

Let's do a few practice cases! How would you code the PSA Lab Value SSDI for the following two scenarios?

SSDI PSA Lab Value Instructions: https://www.naaccr.org/wp-content/uploads/2021/09/SSDI-Manual_v-2.1-2022.pdf?v=1641925411.



Scenario 1: 6/2/2021 PSA 10.5 ng/ml
7/20/2021 PSA 8.56 ng/ml
8/1/2021 Prostate Bx: Adenocarcinoma, Gleason 3+3, Grade group 1

The correct answer for PSA lab value is: 8.6

Rationale: Be sure to look for the LAST value, and not the HIGHEST value prior to diagnostic biopsy and treatment. Even though a PSA of 10.5 was the HIGHEST value within 3 months prior to the diagnostic biopsy, the current instructions tell us to use the LAST value. The **LAST pre-diagnosis PSA lab value PRIOR to diagnostic biopsy of prostate** was on 7/20/2021 and was 8.56 ng/ml. This is recorded in the nearest tenth in ng/ml. To do this, we must apply the rounding rules. 8.56 is to be rounded up to 8.6. The SSDI manual provides examples on how to round and/or code various values.

Prostate Schema, PSA Lab Value, Coding Instructions and Codes, page 343:

Note 3: Record to the nearest tenth in nanograms/milliliter (ng/ml) the **last pre-diagnosis PSA lab value prior to diagnostic biopsy of prostate and treatment**. The lab value may be recorded in the lab report, history and physical, or clinical statement in the pathology report, etc.

A lab value expressed in micrograms per liter (ug/L) is equivalent to the same value expressed in nanograms per milliliter (ng/ml). Examples:

PSA= 8.2	Code 8.2
PSA=11	Code 11.0
PSA=9.56	Code 9.6
PSA=112.35	Code 112.4
PSA=9.95	Code 10.0

Scenario 2: 2/1/2021 PSA 12.0 ng/ml
3/1/2021 PSA 13.56 ng/ml
8/17/2021 Prostate bx: Adenocarcinoma, Gleason 7

The correct answer for PSA lab value is: XXX.9

Rationale: There was no PSA test within 3 months before diagnosis; therefore, we must assign the value for unknown/not done, XXX.9. We cannot forget to apply the general rules, which on page 23, tells us that all laboratory values must be done no earlier than **three months before diagnosis**. Since there is no exception stated in the PSA Lab Value specific instructions, the 3-month rule applies. Pay attention to timing. Don't just look for "a" PSA test. Dig a little deeper. Look for tests done within 3 months prior to diagnosis. While the PSA tests that were done could not be coded in the SSDI in this scenario, it should be explained in the text that there were prior PSA tests, the last one being in March 2021, but not within 3 months. In the text, always include the date of the test. Without dates, it would be difficult to validate if the PSA value mentioned in the text should be coded in the SSDI.

General Rules, Timing for Recording Laboratory Tests, page 23:

Follow the below guidelines for recording laboratory values:

- All laboratory values must be done no earlier than approximately **three months before diagnosis**
- Only record test results obtained before any cancer-directed treatment is given (neoadjuvant therapy or surgical), unless instructions for a specific laboratory test state otherwise
- Record the highest laboratory value if multiple laboratory tests results are available, unless instructions for a specific laboratory test state otherwise

The manual instructs to check the specific laboratory test SSDI for additional coding instructions.

Key Abstracting Points:

- Always use the SSDI manual. You should always read the General Rules FIRST, then review the specific SSDI's for additional coding instructions. Specific details can get missed if not applying ALL rules.
- 7% of the cases had a typo or were just coded incorrectly. Double check your values for typos and rounding errors.
- PSA affects TNM staging. Using a PSA from the wrong lab report could lead to an incorrect Stage Group.
- Be sure to look for the LAST value, and not the highest value prior to diagnostic biopsy and treatment.
- Pay attention to timing. Look for tests within 3 months prior to diagnosis.
- TEXT: Apply required texting criteria and formatting.
 - Record PSA Lab Values in the Lab Text field.
 - It is not necessary to document the last 4 years of PSA testing! Only include PSA Lab Value test results relevant to the diagnosis – those from 3 months before the diagnosis or when clarification of the use of XXX.9 is needed.
 - DATE, TEST, VALUE. Use required formatting with punctuation! A comma and a period go a long way in helping differentiate statements from different procedures. Be clear. We cannot assume that because a test value is in the text that it meets ALL coding rules. Always include the date of the test.

Frederick L. Greene, MD FACS
Medical Director, Cancer Data Services
Levine Cancer Institute

NCRA 2022

I have just returned from attending the 2022 NCRA Annual Meeting in National Harbor , Maryland. It was such a pleasure for me personally to once again be able to meet many friends whom I have had the pleasure of knowing from state registrar meetings, COC hospital accreditation visits , CANSWER Forum webinars and a number of other venues where cancer registrars gather. Although the meeting was in a hybrid format and the great majority of cancer registrars attended virtually, nothing beats getting together in person to network and to exchange ideas. We all hope that in the future, in person meetings will once again take preeminence.

The program was terrific and had a great blend of clinical and registrar-related topics . The work of the Commission on Cancer and other American College of Surgeons Cancer Programs was highlighted especially during this 100th Anniversary year of the COC. This was another opportunity to review the work of the COC and especially the impact of the COC on the cancer registrar profession. I hope that all of you had an opportunity to hear the keynote address given by the current chair of the COC, Dr. Tim Mullet.

I had the good fortune of presenting with Christi Cox regarding the impact of the COVID-19 pandemic on our cancer registries and the need for future coordination of our surveillance groups so that we will be always ready to collect data impacting our cancer patients during a future public health crisis. I learned that many state registries will continue to collect COVID-related data in 2022 which is certainly the proper decision.

I especially enjoyed speaking with registrars about the new podcast that I am hosting—*Cancer Registry World*. This podcast will highlight the important work of our cancer registrars and the role of our cancer registries in every facet of cancer care. My first interviewee was Karen Mason, the current president of NCRA. I hope that all of you will take an opportunity to listen to this podcast series that can be accessed on Apple Podcasts and other popular podcast platforms. If you have ideas relating to programming, please email me at: flgreene44@gamil.com.

I wish all a safe and happy spring and summer! Rick