

# The Sentinel

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



I would like to thank ANCCR for allowing me to attend the NCRA Educational Annual Conference in New Orleans this year. This meeting was one of the most informative meetings that I have attended in a long time. Even with the budget cuts from all hospitals in N.C., we were well represented.

There will be a new AJCC Cancer Staging Manual and several new chapters added to the 7<sup>th</sup> edition of TNM staging. The new sites include Appendix, Merkel Cell, GIST, Neuroendocrine, Adrenal and Mucosal Melanoma. The primary goals are to improve clinical utility showing individual outcome predictions, treatment selections and structure. Each chapter will have staging at a glance. Educational webinars from NCRA and the standard setters will be offered in the coming months to go over the changes.

Because of the new AJCC Cancer Staging Manual there will be a revised Collaborative Staging Manual version 2. There will expansion of the SSF data collections sets. Also for 2010, there will be a revised hematopoietic primary and histology manual with a new reference tool.

In 2011 there will be a change in Cancer Program Standards in which they will be deleting redundant/non essential and combined duplicate standards. There will be clearer language (will remove Ambiguous terminology) and develop workshops to help with the changes.

Cathy Rimmer was given the Presidential Volunteer Leadership award for her service and continued commitment to NCRA and to the Cancer Registry Profession.

The highlight for the meeting was having our own Inez Evans being installed as President of NCRA. North Carolina presented her with a bouquet of roses, a boa, crown, wand and New Orleans Beads. Inez is a true example of what it is to be a Registrar.

I personally want to thank each of you for your dedication to our field and the compassion that we have for helping to find a cure for cancer.

I hope to see each of you at the Fall meeting in Asheville. Have a great summer and be safe.



**ICD-9-CM Screening Codes for Casefinding  
(Includes updates through October 2008)**

The following lists are intended to assist in identifying reportable neoplasms in casefinding sources that use ICD-9-CM\* codes to codify the diagnoses. Revisions and updates to ICD-9-CM codes are released annually. This list should be reviewed annually and any changes made. Casefinding should include primary diagnoses and any subsequent or secondary diagnoses.

**Table 1: Specific codes for reportable neoplasms and cancer treatment related visits.**

ICD-9-CM Codes	Diagnosis (in preferred ICD-O-3 terminology)
140.0 - 208.9	Malignant neoplasms – primary and secondary (see notes for 173._ SKIN C44._)
209.0 – 209.3	Malignant Neuroendocrine tumors (see notes for carcinoid tumors)
225.0 – 225.9	Benign neoplasms of brain and spinal cord (see Table 2 below for exact codes)
227.3 – 227.4	Benign neoplasms of pituitary and pineal gland (see Table 2 below for exact codes)
230.0 - 234.9	Carcinoma in situ
	Exclude: Carcinoma in situ of the skin (232.0 – 232.9) and cervix (233.1) only
237.0 - 237.9	Neoplasms of uncertain behavior (see Table 2 below for exact codes)
238.4	Polycythemia vera (9950/3)
238.6	Plasmacytoma - Solitary (9731/3), Extramedullary (9734/3)
238.71	Essential thrombocythemia (9962/3) <b>(287.3_ Thrombocytopenia is not reportable)</b>
238.72	Low grade myelodysplastic syndrome lesions (includes 9980/3, 9982/3, 9985/3)
238.73	High grade myelodysplastic syndrome lesions (includes 9983/3, 9984/3)
238.74	Myelodysplastic syndrome with 5q- syndrome (9986/3)
238.75	Myelodysplastic syndrome, unspecified (9985/3, 9989/3)
238.76	Myelosclerosis with myeloid metaplasia (9961/3)
238.79	Other lymphatic and hematopoietic tissues (includes 9960/3, 9961/3, 9970/1, 9931/3)
273.2	Gamma heavy chain disease (9762/3); Franklin's disease (9762/3)
273.3	Waldenstrom's macroglobulinemia (9761/3)
288.3	Hypereosinophilic syndrome (9964/3)
289.83	Myelofibrosis NOS (9931/3)
795.06	Papanicolaou (pap) smear of cervix w/ cytologic evid of malig (no histologic confirmation)
V10.0 - V10.9	Personal hx of malig (review these for recurrences, subs prim, and/or subs treatment)
V58.0–V58.12	Encounter for radiotherapy (V58.0), chemotherapy (V58.11), immunotherapy (V58.12)

**Table 2: Specific Codes for Non-malignant Brain and CNS Tumors. Required as of 01/01/2004.**

ICD-9-CM Codes	Diagnosis (in preferred ICD-O-3 terminology)
225 and 227	Benign neoplasm of brain and other parts of central nervous system
225.0	Brain
225.1	Cranial nerves
225.2	Cerebral meninges; meninges, NOS; meningioma
225.3	Spinal cord; cauda equina
225.4	Spinal meninges
225.8	Other specified sites of nervous system
225.9	Nervous system, part unspecified
227.3	Benign neoplasm of pituitary gland and craniopharyngeal duct (pouch)
227.4	Benign neoplasm of pineal gland/body
237	Neoplasm of uncertain behavior of endocrine glands and nervous system
237.0	Pituitary gland and craniopharyngeal duct
237.1	Pineal gland
237.5	Brain and spinal cord

237.6	Meninges (NOS, cerebral, spinal)
237.7	Neurofibromatosis. 237.70 Unspecified, 237.71 Type I (von Recklinghausen's disease), 237.72 Type II (acoustic neurofibromatosis)
237.9	Other and unspecified parts of nervous system; cranial nerves

### ICD-9-CM Screening Codes for Casefinding

**Table 3: Supplementary Codes**

The codes in this table are neoplasm-related secondary conditions for which there should also be a primary diagnosis of a reportable neoplasm. The registry should make a decision as to which of these codes should be routinely screened to identify visits that were either missed or miscoded or that may provide follow-up information.

For codes that are not required to be screened routinely, these codes can be screened when time allows or for when performing casefinding audits to identify missed or incorrectly coded cases.

ICD-9-CM Codes	Diagnosis (in preferred ICD-O-3 terminology)
042	AIDS (screen for miscoded AIDS-related malignancies)
210.0 – 224.9, 226.0 – 227.2	Benign neoplasms (excludes those listed in Table 2)
227.5 – 229.9	Benign neoplasms (excludes those listed in Table 2)
235.0 – 236.9, 238.0 – 238.9	Neoplasms of uncertain behavior (excludes those listed in Table 2)
236.0	Uterine neoplasms of uncertain behavior (screen for miscoded malignancies such as 8931/3 endometrial stromatosis)
236.2	Ovarian neoplasms of uncertain behavior (8442/1, 8451/1, 8462/1, 8472/1, 8473/1) should be screened for miscoded malignancies.
239.0 - 239.9	Neoplasms of unspecified behavior
259.2	Carcinoid Syndrome (hormone secretion by carcinoid tumors)
273.9	Unspec disorder of plasma protein metabolism (screen for 273.3 miscodes)
289.89	Other specified diseases of blood and blood-forming organs
338.3	Neoplasm related pain (acute/chronic), pain due to malign (prim/secondary)
528.01	Mucositis due to antineoplastic therapy
789.51	Malignant ascites
790.93	Elevated prostate specific antigen [PSA]
795.8	Abnormal tumor markers (excludes elevated PSA)
795.81 – 795.82	Elevated carcinoembryonic antigen [CEA], cancer antigen 125 [CA 125]
795.89	Other abnormal tumor markers
E879.2	Adverse effect of radiation therapy
E930.7	Adverse effect of antineoplastic therapy
E933.1	Adverse effect of immunosuppressive drugs
V07.3	Other prophylactic chemo (screen carefully for miscoded malignancies)
V07.5	Prophylactic use of agents affecting estrogen receptors and estrogen levels
V07.8	Other specified prophylactic measure
V66.1 – V66.2	Convalescence following radiotherapy (V66.1), chemotherapy (V66.2)
V67.1 – V67.2	Follow up for radiation therapy (V67.1), chemotherapy (V67.2)
V71.1	Observation for suspected malignant neoplasm
V76.0 - V76.9	Special screening for malignant neoplasm
V86.0 – V86.1	Estrogen receptor ER+ (V86.0), ER- (V86.1)

\* *International Classification of Diseases, Ninth Revision, Clinical Modification. U.S. Dept. of Health and Human Services, Public Health Service – Health Care Finance Administration; DHHS Publication No. (PHS) 80-1260.*

## Coding Changes:

- Pilocytic/juvenile astrocytoma, morphology code 9421, is reportable as a /3 behavior code effective with cases diagnosed 1/1/2001 and forward.
- 173.\_ Skin (C44.\_) with histology codes 8000-8110 is only reported if diagnosed prior to 1/1/03 and the AJCC stage group at diagnosis was II (T3), III, or IV.
  - Melanoma of skin should be coded to 172.\_. 173 codes should still be screened.
- October 2005 changes:
  - Code 042 AIDS was removed. This code no longer includes malignancies.
  - V58.0 – V58.12 was expanded to identify chemo (V58.11) and immunotherapy (V58.12).
- October 2006 changes:
  - 238.7 “*Other lymphatic and hematopoietic tissues of uncertain behavior*” has been expanded to 238.71-238.76 and 238.79.
    - 238.7 Essential thrombocythemia changed to 238.71
    - 238.7 Myelodysplastic syndrome with 5q deletion changed to 238.74
    - 238.7 Myelofibrosis with myeloid metaplasia changed to 238.76
  - 284.9 Aplastic anemia, unspecified changed to 238.72
  - 285.0 Sideroblastic anemia changed to 238.72 and 238.73
  - Added: 289.83 Myelofibrosis, 795.06 Positive Pap smear only
- October 2007 changes:
  - Addition of the 5<sup>th</sup> digit to the lymphoma codes (200.3x-200.7x, 202.7x)
- October 2008 changes:
  - Added new code in the malignant neoplasms range of 140-208
    - 199.2 Malignant neoplasm associated with transplanted organ
  - Added new category: 209 Neuroendocrine tumors
    - Includes carcinoid tumors
    - **209.0-209.3 includes the malignant carcinoid tumors**
    - 209.11 Malignant carcinoid tumor of the appendix can be excluded as these are not reportable
  - Added new category: V07.5
    - Changed from V07.8
    - Prophylactic use of agents affecting estrogen receptors and estrogen levels
    - This is a supplementary code. The neoplasm should be coded first, if applicable.

Prepared by: Melissa Pearson, CTR

Sources: <http://www.cdc.gov/nchs/icd9.htm>  
<http://www.cdc.gov/nchs/datawh/ftpserve/ftp/cd9/ftp/cd9.htm#guidelines>  
[ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Publications/ICD9-CM/2008/](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD9-CM/2008/)

## JUMP START YOUR CANCER COMMITTEE MEETINGS

BY SANDY OVERTON, BS, CTR  
MANAGER – QUALITY CONTROL AND FIELD SERVICES NC-CCR

2009 is a good year to “jump start” your Cancer Committee in preparation for the many changes coming in 2010. Your challenge is to engage, motivate, and involve all of the Cancer Care Team by encouraging and requesting their participation in committee activities. Your role is to be a catalyst for continued growth and improvement. Encouraging the membership to take ownership of the program will lead to a strong, meaningful program alive with enthusiasm and vitality.

1. Select the four coordinators
  - Cancer Conference
  - Quality Control of Cancer Registry Data
  - Quality Improvement
  - Community Outreach

Remember that the four coordinators must be different individuals (that is, one person cannot perform the role of more than one coordinator). However, the Cancer Committee Chair may be a coordinator in addition to being the Chairperson. **DOCUMENT IN THE MINUTES**

Involve the Coordinators by asking them (or a representative) to present a report of activities at each CC Meeting. Their reports will be a recurring agenda item at every CC Meeting. A “job description” for each coordinator is available on the COC website at:

<http://www.facs.org/cancer/coc/jobdescriptions.pdf>

2. Assess completion of 2008 Goals and select new goals for 2009. This is a great opportunity to focus on achievements of the previous year. If all goals from the previous year have not been accomplished, decide if they are to be continued into 2009 or terminated.
  - Clinical Goals for 2009
  - Community Outreach Goals
  - Quality Improvement Goals
  - Programmatic Goals

Remember that group goals are most meaningful when developed and “owned” by the members themselves. **DOCUMENT IN THE MINUTES.**

3. Prepare and distribute a calendar with date, time, and venue of the 2009 Cancer Committee Meetings. Prior to the January meeting, review attendance of the required members and work with the Committee Chairperson to decide if any “non-attenders” should be replaced. Review the membership roster and be certain that all of the COC required disciplines are represented.
4. Discuss the Annual Report of the Cancer Program – does the Committee want to continue producing and distributing the report? Be sure to inform the Committee of the “commendation” rating if an annual report or more than one site-specific study is completed.
5. Review the frequency, format, and attendance requirements for the Cancer Conferences. Distribute a Calendar for the entire year, specifying the date, time, and venue of each meeting. This is a good time for the Cancer Conference Coordinator to report overall compliance during 2008 (i.e., frequency of conferences, number of cases presented and percentage of prospective cases, and the attendance by

the required specialties in 2008). Distribute the completed 2008 Cancer Conference Grid or summary report. 75% of the cases that are presented must be discussed prospectively and AJCC stage should be discussed and documented for the 5 major sites seen at your facility. Either the clinical or working stage is to be documented for prospective cases. Consider utilizing the NCCN treatment guidelines or other treatment guidelines during the discussion of treatment options. **DOCUMENT IN THE MINUTES.**

6. Present a Cancer Registry Report summarizing accomplishments of 2008: SAR update, NCDB submission, status of abstracting and follow-up, educational workshops attended, etc. If your program is to be surveyed in 2009, be sure to mention that a Pre-Survey Task Force will be selected to work on survey preparation. A written Cancer Registry Report should be a recurring part of every Cancer Committee Meeting Agenda and Minutes.
7. If needed, review changes in CPS2004
  - a. Changes to Standards 2.8, 2.10, 3.2, 3.7, 4.3, 4.6, and 7.1
  - b. Collaborative Staging System
8. Review CP<sup>3</sup>R and e-QulP initiatives by the COC. Present the purpose of these quality measures and why it is important to participate. Update the Committee on progress made during 2008. Standard 4.6 now requires monitoring these quality reporting tools and **DOCUMENT IN THE MINUTES.** Remind the Committee that these activities may fulfill requirements for Standards 8.1 and 8.2.
9. Develop a plan for quality control of registry data. Will the QA be accomplished by one individual or a team? Will the abstracts and medical records be taken to Cancer Committee/Conferences, or can the QA be done online using the electronic record? Don't forget to modify the QA Form to include a review of compliance in the use of the Collaborative Staging System. If not already discussed, the Committee will need to set the expected CS accuracy rate. **DOCUMENT IN THE MINUTES.**
10. Remind the Pathology representative that the use of CAP protocols is required. Let them know that the abbreviated CAP protocol forms are on the COC website at <http://www.facs.org/cancer/coc/capprotocol.doc.pdf>. Commendation for Standard 4.6 now requires use of synoptic reporting of the scientifically validated data element in the pathology report (phased in during 2009).
11. Community Outreach should propose several prevention or early detection programs to the committee (two are required each year). **DOCUMENT IN THE MINUTES.**
12. Studies that measure quality and outcome should be suggested. Choose at least one site-specific study for outcome analysis that is based on registry data. Survival is the preferred outcome for analysis, but others may be selected (for example time to progression). Discuss the method of disseminating the study results (written reports, presentation at cancer committee meetings or cancer conferences, lectures, or on the hospital Web site). **DOCUMENT IN THE MINUTES.** Different hospital departments have ongoing quality improvement studies that involve cancer patients and these should be shared with the Cancer Committee. These may be credited towards Standards 8.1 if presented and documented in the Cancer Committee Meeting Minutes. Encourage each of these departments to select at least one study to follow in 2009.
13. Several improvements that affect cancer patient care should be suggested (two are required; more than two will result in the commendation rating). Review the format for reporting the studies and improvements. **DOCUMENT IN THE MINUTES.**



Different hospital departments have on-going patient care improvement studies that involve cancer patients and these should be shared with the Cancer Committee. These may be credited towards Standards 8.2 if presented and documented in the Cancer Committee Meeting Minutes. Encourage each of these departments to select at least one study to follow in 2009.

14. Begin planning cancer-related educational activities for 2009. Remember that the standard now requires **two** activities and one must relate to the use of AJCC stage or other appropriate staging system, site specific prognostic indicators, or evidence based national treatment guidelines. **DOCUMENT IN THE MINUTES.**
15. Remind Administration and the Cancer Committee that two revised manuals will be available in 2009 – AJCC TNM Staging Manual 7<sup>th</sup> Edition and Collaborative Staging Manual Vs. 2.0. Funds need to be set aside for the purchase of these essential reference books.
16. How to encourage participation?
  - The Registry Coordinator/Manager must be a major contributor to the writing of the Agenda. You are the resident expert and therefore will play a vital role in guiding the membership to compliance in all standards.
  - Start and finish the meeting on time – this sends the signal to participants that their time is valued.
  - “Name” the person responsible for the activity
  - Set a follow up date -- either a date to report progress made or a date the task needs to be finished.
  - Summarize and distribute minutes. Again the Registry Coordinator/ Manager must be very involved with the summarization of the meeting discussions. It is OK to have a Medical Staff secretary or other individual record the minutes and prepare a draft, but you must review carefully to insure necessary discussions, decisions, and outcomes are incorporated into the final meeting minutes.



**OFFICIAL ABSENTEE BALLOT – 2009**

**Please mark your choice with an x or checkmark**

**PRESIDENT**

**(VOTE FOR ONE ONLY)**

**Deborah Carrethers, CTR**

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**Deborah Poovey, CTR**

\_\_\_\_\_

**VICE-PRESIDENT**

**Tara Lewis, BA, CTR**

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**Deborah Thorne, RN, CTR**

\_\_\_\_\_

**SECRETARY**

**Sharon Gilkerson, CTR**

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**Ruby Regenhardt, CTR**

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**TREASURER**

**Ann Murphy, CMA, CTR**

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**Debra Witzler, BS, RHIT, CTR**

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**Absentee ballots must be received by August 12, 2009. Please include name and address on your return envelope. Send to Blanche Sellars, CTR, Chairman, ANCCR Nominating Chairman  
3900 Holder Rd. Durham, N.C. 27703.**

## CANDIDATE PROFILES FOR ANCCR EXECUTIVE BOARD POSITIONS

### PRESIDENT

Name: Deborah Grady Carrethers

Institution: Forsyth Medical Center and High Point Regional Hospital

Address: 3333 Silas Creek Parkway, Winston Salem, NC

Phone/Office: 336-718-8463

Current Occupation/Title: Lead Registrar

Job Experience: 1989-present          Cancer Registry Data Base

#### ANCCR/NCRA History

Association of North Carolina Cancer Registrars

Member since 1989

1998-1999      Secretary

2000-2001      Vice President

2002-2007      Membership Chair

2004-2008      Education Committee

2007-2008      Vice President

2009              President

National cancer Registrars Association

1992-1993      Public Relations Committee

#### Other professional History/Education/Education

Insurance Department Task team Leader-implemented new policy for faster production of work

Employee Activity Committee for Forsyth Hospital

Cancer prevention Screening 1995-present

Cancer Survivors Day 1995-present

Relay for Life 1997-present

Volunteer for Human Service Alliance

Worked AQC (Aids patients) 2004-present

Komen Race for a Cure 2009

Triad Lung Walk 2008

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 PRESIDENT**

**NAME:** DEBORAH LYNN MILLER POOVEY, CTR

**INSTITUTION:** CATAWBA VALLEY MEDICAL CENTER

**ADDRESS:** 810 FAIRGROVE CHURCH ROAD SE  
HICKORY, NC 28601

**PHONE/OFFICE:** 828-326-3350

**CURRENT OCCUPATION/TITLE:** CANCER REGISTRAR

**JOB EXPERIENCE (include years of experience in Cancer Registry/other related work)**

Cancer Registrar for ACOS approved registry, working in all aspects of the Cancer Registry: Case-finding, abstracting, follow-up, statistical reporting, quality improvement, formulating policy and procedures for the Registry, co-ordinate Cancer Registry activities, maintain administrative documentation and materials, arrange/organize meetings, attend Cancer Conferences, Cancer Committee and Multidisciplinary Team meetings, recording minutes as per cancer committee and work on special projects.

**ANCCR/NCRA HISTORY (include years, membership/offices held, etc)**

ANCCR member since 1997

Secretary to ANCCR from 2002-2004

Membership Chairman (appointed December 2001-2002)

NCRA member since January 2001

***OTHER PROFESSIONAL HISTORY/EDUCATION (include special training, publications, activity in other organizations)***

- Medical Record Experience since 1981 (ICD-9 coding, Utilization Review, Quality Assurance, Clerical Support duties, Release of information, Birth certificates and served as special projects resource)
- Served on a Variety of teams and committees.
- Experience with computers, Microsoft products (EXCEL/WORD/Desk-top Publishing)
- Board member and secretary for 3 years for Northeast Concerned Citizens
- 1999 Catawba Valley Medical Center Employee of the Year
- 1996 Medical Record Department Employee of the year
- Associate Degree in Business
- Associate Degree in Accounting
- Secretary for St. John's United Methodist Women since 2003
- Secretary for St. John's United Methodist Church council
- Secretary for Statesville District of United Methodist Women since 2004
- Active in the annual Catawba County Relay for Life(RFL)
- Serve as CVMC team co-captain annually
- 2005-2006: Served on Catawba County RFL Administrative Council as On-Line Chair and

VICE-PRESIDENT  
ASSOCIATION OF NORTH CAROLINA CANCER REGISTRARS  
CANDIDATE PROFILES-VICE PRESIDENT

NAME Deborah Thorne, RN, CTR

INSTITUTION WilMed Healthcare

ADDRESS 1705 Tarboro St SW Wilson, NC 27893

PHONE/OFFICE 252-399-8054

CURRENT TITLE Tumor Registrar

JOB EXPERIENCE (include years of experience in Cancer Registry/other related work)

Registered Nurse 1984- Present  
Cancer Registry 1992- Present

ANCCR/NCRA HISTORY (include years, membership/offices held, etc)

ANCCR  
1993-Present  
Treasurer 1995/1996, 2004/2005, and 2005/2006  
Grants and Vendors Chair 2000/2001 and 2001/2002

NCRA  
1994- Present

OTHER PROFESSIONAL HISTORY/EDUCATION (include special training, publications, activity in other organizations)

I Can Cope Facilitator (ACS)  
Co- Chairman Relay for Life hospital team 2004-2009

**ASSOCIATION OF NORTH CAROLINA CANCER REGISTRARS**

**CANDIDATE PROFILES-VICE PRESIDENT**

**NAME**

\_\_\_\_\_ **TARA M LEWIS** \_\_\_\_\_ **BA,CTR** \_\_\_\_\_  
First Middle Last Credentials

**INSTITUTION** \_\_\_\_\_ **MISSION HOSPITAL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **428 BILTMORE AVE ASHEVILLE, NC 28801** \_\_\_\_\_

**PHONE/OFFICE** \_\_\_\_\_ **828-242-0931** \_\_\_\_\_

**CURRENT OCCUPATION/TITLE** \_\_\_\_\_ **CANCER DATA ANALYST** \_\_\_\_\_

\_\_\_\_\_  
**JOB EXPERIENCE (include years of experience in Cancer Registry/other related work) FORMER  
CANCER REGISTRY SUPERVISOR, 9 YRS OF CANCER REGISTRY EXPERIENCE  
ADJUNCT INSTRUCTOR FOR THE CANCER INFORMATION MANAGEMENT PROGRAM AT  
DAVIDSON COUNTY COMMUNITY COLLEGE**  
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**ANCCR/NCRA HISTORY(include years, membership/offices held, etc)**

**MEMBER OF ANCCR FOR 9 YRS, TREASURER OF ANCCR FROM 2006-2008, VP 2008-2009  
\_MEMBER OF NCRA FOR 9 YRS**  
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**OTHER PROFESSIONAL HISTORY/EDUCATION(include special training, publications, activity in other organizations)**\_\_\_\_\_

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**ASSOCIATION OF NORTH CAROLINA CANCER REGISTRARS**

**CANDIDATE PROFILES-SECRETARY**

**NAME**   Sharon  I.  Gilkerson,  CTR

First Middle Last Credentials

**INSTITUTION** Carolinas Healthcare System

**ADDRESS** 1025 Morehead Medical Plaza Suite 600, Charlotte, NC 28203

**PHONE/OFFICE** 704-355-3486

**CURRENT OCCUPATION/TITLE** Supervisor, Network Approved Program

**JOB EXPERIENCE** (include years of experience in Cancer Registry/other related work)

CHS 22 yrs as Supervisor

Consortium for Health Education in Southeast Ohio (CHEAO), 2 yrs managing 5 hospitals in SE Ohio

Holzer Medical Center, Gallipolis, OH 2 years registry

**ANCCR/NCRA HISTORY**(include years, membership/offices held, etc)

ANCCR Member

NCRA Member since 1986

NCRA, Public Relations Chairman, 2002

NCRA Week Committee Chair 2003

NCRA, Journal Review Task Force, 2005

**OTHER PROFESSIONAL HISTORY/EDUCATION**(include special training, publications, activity in other organizations)

One yr business college

The role of the hospital registry in achieving outcome benchmarks in cancer care



**Frederick L. Greene, MD, FACS<sup>1\*</sup>, Sharon Gilkerson, CTR<sup>2</sup>, Paige Tedder, RHIT, CTR<sup>2</sup>, Kathy Smith, CTR<sup>2</sup>**

**<sup>1</sup>Department of General Surgery, Carolinas Medical Center, Charlotte, North Carolina**

**<sup>2</sup>Blumenthal Cancer Center, Carolinas Medical Center, Charlotte, North Carolina**

**Journal of Surgical Oncology**

**ASSOCIATION OF NORTH CAROLINA CANCER REGISTRARS**

**CANDIDATE PROFILES-SECRETARY**

**Ruby J. Regenhardt, CTR**

**INSTITUTION: Cape Fear Valley Health System**

**ADDRESS: 1638 Owen Drive, Fayetteville, NC 28304**

**PHONE: (910) 615-6465**

**CURRENT OCCUPATION/TITLE: Cancer Registry Supervisor**

**JOB EXPERIENCE: 1989-1997: Abstractor, Cancer Registry**

**1998-1999: Supervisor, First Health Moore Regional**

**1999-present: Supervisor, Cape Fear Valley Health System**

**ANCCR/NCRA HISTORY(include years, membership/offices held, etc):**

**Member since 1991**

**OTHER PROFESSIONAL HISTORY/EDUCATION(include special training, publications, activity in other organizations): Healing Touch Practitioner-apprentice**

**TREASURER  
ASSOCIATION OF NORTH CAROLINA CANCER REGISTRARS**

**CANDIDATE PROFILE FOR TREASURER**

**NAME: Ann B. Murphy CMA, CTR**

**INSTITUTION: CarolinaEast Medical Center (Formerly Craven Regional Medical Center)**

**ADDRESS: P.O. Box 12157 New Bern, NC 28561**

**PHONE/OFFICE: 252-633-8790**

**CURRENT OCCUPATION/TITLE: Cancer Registry Supervisor**

**JOB EXPERIENCE (include years of experience in Cancer Registry/other related work):**

**11 years experience in the Cancer Registry.  
4 continuous years experience in Health Information Services.**

**ANCCR/NCRA HISTORY (include years, membership/offices held, etc):**

**ANCCR: Member since 2000  
Planning Committee for 2007 Annual Meeting  
Treasurer since 2008**

**NCRA: Member since 2000**

**ASSOCIATION OF NORTH CAROLINA CANCER REGISTRARS**

**CANDIDATE PROFILES**

**FOR TREASURER**

**NAME:** Debra Witzler, RHIT, CTR

**INSTITUTION:** UNC Healthcare

**ADDRESS:** 101 Manning Dr, Chapel Hill, NC 27514

**PHONE/OFFICE:** 919-843-6393

**CURRENT OCCUPATION/TITLE:** Cancer Registrar

**JOB EXPERIENCE (include years of experience in Cancer Registry/other related work):**

8 years - Registrar

4 years - Registry Coordinator

**ANCCR/NCRA HISTORY (include years, membership/offices held, etc):**

*Association of North Carolina Cancer Registrars*

Member since 1996

By-laws Chair

Treasurer

*National Cancer Registrars Association*

Member since 1996

By-laws Committee Chair

Education Committee

Ethics Committee Chair

Ethics Committee

**OTHER PROFESSIONAL HISTORY/EDUCATION (include special training, publications, activity in other organizations):**

## **WAYS AND MEANS**

**Patricia West, CTR**

To All Cancer Registrar's,

Stores and other such companies have stopped donating items and money to just any organization. For the last few years, they started, only donating to certain organizations. That has made it hard for the Ways & Means Committee to get items for the white elephant sale and the silent auction. Therefore, we have had to come up with other ways to get items to sale and bid on, to raise money for ANCCR, and, to provide you with a fun event, as well.

We really need your help! We need you to donate your unwanted items and to bring them to the ANCCR Annual Meetings! Donate your craft items--your family member's craft items, your friends or neighbor's craft items and there their unwanted items as well! We will take anything that is in good shape and can be resold-- books, CD's, DVD's, clothes, household items, exercise items, toys, baby items, etc....If you don't have any unwanted items or craft items--buy something to donate--towels, set of glasses, anything that you would buy for a gift--or buy something in good shape at a yard sale or the Goodwill, Thrift, or Salvation Army stores. You get the idea! There is no limit on how much or what you donate--just make sure it's appropriate--you know what I mean!

We need you to participate in the raffles! Please, remember that, even if you don't win the raffle, you have contributed to a good cause--supporting your profession's State Organization!

I was told at this year's meeting that the white elephant sale and silent auction was really missed! So, I told our new President, Deborah Carrethers, and Vice President, Tara Lewis, to reserve a bunch of tables for the Ways & Means Committee, for the up coming meeting in Asheville. Now, we need your help in making sure that those tables are filled with items!

Thank You for your help and support! Without you we would not be successful!



## Biltmore Who's Who

ANCCR's own Patricia West, CTR has been inducted as a Lifetime Honored Member into the Biltmore Who's Who Registry of Executives and Professionals. Congratulations Patricia on this outstanding accomplishment.

