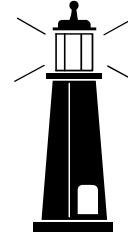


# The Sentinel



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

Summer 2014

## **Message from the President: Ann Murphy, CTR**

Hi everyone,

I would like to thank ANCCR for allowing me to attend the NCRA Annual Educational Conference in Nashville, Tennessee this year. This was the NCRA's 40<sup>th</sup> anniversary and it was interesting to see and hear about the history, stories, and the various speaker memories since it began. North Carolina was well represented with a lot more attendees than I expected to see. There were break-out sessions for all with a wide range of choices to meet individual educational needs. There were several sessions focusing on the transition from Collaborative Stage Staging System to the direct use of AJCC Stage and Summary Stage that will take place in January 2016. Next year the NCRA meeting will be in San Antonio, TX; Las Vegas, NV in 2016; and Washington, DC in 2017.

Our annual fall meeting is just around the corner. I hope to see a lot of you in my hometown, New Bern, NC. Don't forget to make your reservations early. The cut-off date is August 15<sup>th</sup>. There will be a few new candidates running for the 2014-2015 year. I wish all of you good luck. If anyone is interested in serving on the board or a committee for the upcoming year, please let me know and I will pass on the information to the new president. On Wednesday, September 24<sup>th</sup>, we will be having an evening social on the Veranda Patio at 6pm. At the social, Kim Bobbitt, will be our DJ with her karaoke machine. Please come and enjoy the entertainment and great food. This will also be a perfect time to network, meet the board members and make new friends. The 2015 meeting is tentatively set for the Raleigh area.

For the past two years I have enjoyed the opportunity to serve as President of ANCCR. This has been an opportunity of professional growth for me. I would like to thank all the board members who have served with me for the past two years. You have all done a great job and I have enjoyed working with each of you. I have to give a big THANK YOU to Deborah Carrethers for helping me in so many ways. She helped me immensely! THANK YOU DEBORAH! ☺

Enjoy the rest of your summer!

Take Care,

Ann Murphy, CTR  
President, ANCCR

## ANCCR's Executive Board 2013-2014

<p><b>President:</b> Ann Murphy, CMA, CTR <a href="mailto:amurphy@carolinaeasthealth.com">amurphy@carolinaeasthealth.com</a></p> <p><b>Immediate Past President:</b> Tara Lewis, CTR <a href="mailto:Tara.lewis@msj.org">Tara.lewis@msj.org</a></p> <p><b>Vice President:</b> Kisha Raynor, CTR <a href="mailto:kisha.raynor@carolinashealthcare.org">kisha.raynor@carolinashealthcare.org</a></p> <p><b>Secretary:</b> Carol Burke, CTR <a href="mailto:Carol.burke@pardeehospital.org">Carol.burke@pardeehospital.org</a></p> <p><b>Treasurer:</b> Leta Vess, CTR <a href="mailto:lvess@firsthealth.org">lvess@firsthealth.org</a></p> <p><b>Ways &amp; Means:</b> Deirdra Greene <a href="mailto:dgreene@hprhs.com">dgreene@hprhs.com</a></p> <p><b>Grants &amp; Vendors:</b> Paige Tedder, CTR <a href="mailto:Paige.tedder@carolinashealthcare.org">Paige.tedder@carolinashealthcare.org</a> Kathleen Foote, CTR <a href="mailto:Kathleen.foote@rexhealth.com">Kathleen.foote@rexhealth.com</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@certicode.com">abrown@certicode.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> Jenean Burris, RHIT, CTR <a href="mailto:jburris@wakehealth.edu">jburris@wakehealth.edu</a></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> Joanne Essick, CTR <a href="mailto:essijoan@armc.com">essijoan@armc.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 &amp; A4C Liaison:</b> Cathy Rimmer, BA, MDiv, CTR <a href="mailto:crrimmer@novanthealth.org">crrimmer@novanthealth.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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2014 ANCCR Fall Meeting  
New Bern, NC

2015 ANCCR Fall Meeting  
Tentatively Raleigh, NC

2015 NCRA Educational Conference  
San Antonio, TX

2016 NCRA Educational Conference  
Las Vegas, NV

2017 NCRA Educational Conference  
Washington, DC

**ANCCR TREASURER REPORT**

1/1/2014 through 6/30/2014

Leta Vess, CTR  
ANCCR Treasurer

**INCOME**

Bank Interest	0.18
Dividend Earned	168.91
Interest Income	0.04
Membership Dues	290.00
Exhibitor Fee	1,350.00
Fall Meeting Registration	175.00
Vender Fees	500.00
Other Income	80.00
<b>TOTAL INCOME</b>	<b>2,564.13</b>

**EXPENSES**

Bank Charge	0.00
NCRA Conference Fee	2,059.19
NCRA Education Foundation	0.00
Secu Foundation	6.00
Education	1,440.00
Fall Meeting Costs:	
Hotel Occupancy and Meals	0.00
Mileage	0.00
Website	1,099.40
Fed Tax	3.85
<b>TOTAL EXPENSES</b>	<b>4,608.44</b>

**NET WORTH-as of 6/30/2014**

**ASSETS**

Cash and Bank Accounts:	
ANCCR Checking	13,202.44
Money Market	30,718.70
Shares Account	60.14
<b>TOTAL ASSETS</b>	<b>43,981.28</b>

## **Bylaws Report**

Adaline Brown, RHIT, CCS, CTR

The purpose of bylaws is to allow the ANCCR executive board and members of our organization to understand the rules, policies, and procedures. Bylaws provide consistency to help ANCCR function in accordance with its purpose and function. The ANCCR board felt that the following proposed bylaws were necessary in order to keep up with the times.

### **ANCCR Current Bylaws:**

#### Section 4. Election.

1. Elections shall be by ballot at the annual meeting. The Nominating Committee shall be responsible for the preparation of the ballots.
2. Candidate information will be included in the ANCCR newsletter to be distributed thirty (30) days prior to the annual meeting.
3. Election shall be by a plurality of the votes cast by the active and associate members. In case of a tie, the election shall be decided by lot.
4. Absentee ballots may be requested from the Nominating Committee Chair by voting members in good standing at least thirty (30) days prior to the annual meeting and must be returned at least ten (10) days before the annual meeting to the Nominating Committee Chair or the ballot will not be counted.
5. The Nominating Committee Chair and two (2) members of the Nominating Committee shall count ballots.
6. Elected officers shall assume office following their installation.

### **PROPOSED CHANGE to reflect change in voting procedure.**

1. Elections shall be by ballot. The Nominating Committee shall be responsible for the preparation of the ballots and distribution of ballots at least 60 days prior to the Annual Meeting.
2. Election shall be by a plurality of the votes cast by the active and associate members. In case of a tie, the election shall be decided by lot.
3. The Nominating Committee Chair and two (2) members of the Nominating Committee shall count ballots.
4. Elected officers shall assume office following their installation.

**Adopting the proposed changes will be voted on at 2014 Annual Meeting on September 24 in New Bern.**

## **WEB SITE AND A4C REPORT**

Cathy Rimmer, BA, MDiv, CTR

### **Web Site:**

The Fall meeting information is posted.  
The job postings are current and up to date.

### **A4C:**

The State Cancer Plan will be distributed across the state sometime this summer.  
My term ends in August. Leta Vess has been recommended as my replacement to represent ANCCR and the paperwork has been submitted.

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## **EDUCATION REPORT**

Jenean Montgomery Burriss, RHIT, CTR

There are seven (7) potential graduates from Davidson County Community College in the Spring of 2015! Those students are going to need facilities to help them acquire their 160 hours of “hands on” experience. I would encourage everyone to consider mentoring one of these students when the time comes.

### **2014 CTR Exam Dates:**

There are now three times during the calendar year that the CTR exam is being given. The testing periods have been extended from two weeks to three.

#### 2014 CTR Exam Dates:

- March 8 – March 29  
Application deadline: Jan 31
- June 21 – July 12  
Application deadline: May 2
- October 18 – November 8  
Application deadline: Sept 19

## MEMBERSHIP

Vickie Gill, RHIA, CTR

There are 129 ANCCR members as of July 2014!

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## NCRA LIAISON REPORT

Melanie Rogan, CTR

A CS transition newsletter was recently published to address and communicate from the standard setters their plan of transition from the current CS system to AJCC staging with related prognostic factors and biomarkers. The link below will take you to the newsletter.

[http://www.ncra-usa.org/files/public/CSTransitionNewsletterIssue\\_June2014.pdf](http://www.ncra-usa.org/files/public/CSTransitionNewsletterIssue_June2014.pdf)

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## Ways \$ Means

Deirdra Greene

## *What's In The "BOX" Auction*

Curiosity killed the cat and it will be curiosity that will get YOU at our state meeting this year. The ANCCR Board is asking each hospital to participate in this year's fundraiser, by bringing a wrapped gift with a value of at least \$10.00 (or more that's up to you) to our silent auction. This is how it will work: You will place your wrapped gift on a table that will be set up by our Ways and Means committee. As each box is brought in, it will be labeled with a number along with an index card with the same number. You will be allowed to examine the boxes picking them up shaking them etc... but absolutely no unwrapping or peaking. You write down your bid on the index card and try to outbid each other and whoever has the highest bid on Thursday at the last break WINS..... it will be fun just to see if your box holds what you thought it might. Good Luck! If you have questions contact Deirdra Greene at [dgreene@hprhs.com](mailto:dgreene@hprhs.com).

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## **Nominating Committee Report**

Blanche Sellars, CTR

List of candidates for the upcoming election at the ANCCR Fall Meeting:

President: Kisha Raynor, CTR  
Leta Vess, CTR

Vice-President: Jenean Burris, RHIT, CTR  
Joanne Essick, BA, CTR

Secretary: Jenny Konrad, CTR  
Linda Lucas, CTR

Treasurer: Cathleen Cheyney, CTR  
Kelly Lowrance, RHIT, CTR

### **Candidate Profiles**

#### **For President:**

#### **Kisha E. Raynor, CTR**

**Institution:** Carolinas Medical Center

**Current Occupation/Title:** Cancer Registrar II

**Job Experience:** Worked in the registry since 2000

**ANCCR History:** member since 2000, Treasurer 2011-2012, Vice President 2013

#### **Leta A. Vess, CTR**

**Institution:** FirstHealth Moore Regional Hospital

**Current Occupation/Title:** Supervisor, Cancer Registry

#### **Job Experience:**

1995-1997 – Processing clerk, Medical Records

1998 –1999 – Abstractor, Cancer Registry

1999 – present – Supervisor, Cancer Registry

All above experience at FirstHealth Moore Regional Hospital, Pinehurst, NC

#### **ANCCR History:**

2002-2005 Chair, By-laws Committee

2005-2007 Secretary

2006 – Host Registry, ANCCR annual meeting

2008-2012 Historian

2012 – 2014 ANCCR Treasurer

#### **NCRA History:**

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

2003 Sr. Leader, Cancer Program Managers Special Interest Group

2004 Member, Legislative/Advocacy Task Force

2005 Member, Marketing Committee

2009 Collaborative Staging v2 Trainer

#### **Other Professional History/Education:**

BA, Emory University, Atlanta, GA

**For Vice-President:**

**Jenean Montgomery Burris, RHIT, CTR**

**Institution:** Wake Forest Baptist Health

**Current Occupation/Title:** Oncology Data Analyst

**Job Experience:** I have had the privilege to be employed by Wake Forest Baptist for the past 10 years. I was hired after graduating from Davidson County Community College in 2004. I received my RHIT certification in 2004, and then two years later received my CTR certification. My background before working for Baptist includes a position in the Health Information Department at High Point Regional Hospital. Prior to HPRH I was an accountant at CV Products.

**ANCCR History:** I have been a member of ANCCR for 10 years and enjoyed the opportunity to serve on the Board this past year.

**NCRA History:** I have been a member of NCRA since 2006.

**Other Professional History/Education:** I have been an adjunct instructor for the Cancer Information Management Program at Davidson County Community College for the past 5 years. I am a graduate of Davidson County Community College and have my AAS in Health Information Technology. While a student at DCCC, I held the office of President of our HIT Club for one year, organizing fundraisers including a golf tournament.

**Joanne L. Essick, BA, CTR**

**Institution:** Moses Cone Health Systems

(Moses Cone, Wesley Long, Women's, MedCenter High Point, Annie Penn and Alamance)

**Current Occupation/Title:** Registry Operations Manager

**Job Experience:**

Cancer Registrar 2007 – 2012

Lead Registrar Dec 2012-June 2013

Registry Operations Manager June 2013 - present

**ANCCR History:**

Member since 2006

2011 – 2012 Secretary

2012 – 2014 Historian

**NCRA History:**

Member since 2006

Mentoring Program 2014

**Other Professional History/Education:**

Purdue University, BA

Davidson County Community College, AA "Cancer Information Management"

Certified Tumor Registrar (CTR)

I've had the opportunity to work closely with Davidson County Community College "Cancer Information Management" students during their clinicals in 2012 and 2013. This was a very rewarding experience and encouraged me to participate in the NCRA mentoring program.



**For Secretary:**

**Jenny Konrad, CTR**

**Institution:** Wakemed Health & Hospitals

**Current Occupation/Title:** Certified Lead Tumor Registrar

**Job Experience:**

>7 yrs at Wakemed, working currently in the Tumor Registry

>10 yrs worked as a PA for both physicians in Germany

**ANCCR History:** ANCCR Member 2008 – 2014

**NCRA History:** NCRA Member 2009 - 2014

**Other Professional History/Education:**

Volunteer Speaker at WECHS since 2011

Management Pathway Graduate 2010

Management Pathway Alumni member 2009-2014

Bilingual: German – English

NIH Stroke Scale Certifications 2006-2008

Clinical Operations Efficiency Seminar 2006

Medical Transcription Certification, Clarksville 2000

Arthelferrinnen Brief (= Doctor Assistant Certification), Wuerzburg, GER 1992

**Linda L. Lucas, CTR**

**Institution:** Novant Health Forsyth Medical Center

**Current Occupation/Title:** Tumor Registrar/CTR

**Job Experience:**

1987-1998 Carilion Roanoke Memorial Hospital

Radiation Oncology

Department Secretary/Patient Scheduler/Front Office Team Leader

1998 – 2000 Tumor Registry and Breast Center

Abstracting and Tumor Board duties/BC Clerical support

2000-present Novant Forsyth Medical Center

I began working PT PRN with FMC assisting Cathy Rimmer in preparing for the upcoming

survey (ie: lots of paperwork and copying!) and also assisting in the Radiation Oncology office.

After several months I was hired permanent PT with the registry and began doing follow-up and

transitioned to abstracting.

**ANCCR History:** ANCCR member since 2001

**NCRA History:** NCRA member since 2004

**Other Professional History/Education:**

August 2001 ANCCR Training in Cancer Data Collection (Asheville, NC)

August 2004 CTR Prep Training (New Jersey)

\*\*September 2004 Achieved CTR certification

\*Fondly referred to as the "Texting Queen" by peers.....not to confuse this title with phone texting!\*

**For Treasurer:**

**Cathleen Ann Cheyney, CTR**

**Institution:** FirstHealth Moore Regional Hospital

**Current Occupation/Title:** CTR/Abstractor

**Job Experience:** I have been at this hospital for 7 years. I started in Patient Accounts, got promoted to a Commercial Biller and then was offered and accepted this job in May 2012. Although I have worked in the billing department of several medical offices, I have never been a CTR.

**ANCCR/NCRA History:** Member since 2012

**Other Professional History/Education:**

I am also a CNA, and I hold my CPR certification. I am currently working on my bachelor's degree.

**Kelly A. Lowrance, RHIT, CTR**

**Institution:** Novant Health Presbyterian Medical Center

**Current Occupation/Title:** Staff Development Oncology

**Job Experience:**

2009 – Present Staff Development Oncology, Presbyterian Medical Center

2006 – 2009 Project Manager/Registrar, Registry Partners, Inc.

1999 – 2009 Oncology Data Coordinator, Gaston Memorial Hospital

1997 – 1999 MR/QA Coordinator, NC Department of MH/SA/DD

1995 – 1997 Cancer Registrar, Carolinas Medical Center

**ANCCR/NCRA History:**

1996 – Present Member of ANCCR

1995 – Present Member of NCRA

1995 – Present Member of AHIMA

2005 – 2006 Member ANCCR Bylaws Committee

2004 – 2005 Chair, NCRA Public Relations Committee

2002 – 2004 Member, NCRA Public Relations Committee

1995 – 2000 Member of NCHIMA

**Other Professional History/Education:**

2005 Received Outstanding Achievement Award, Gaston Memorial Hospital

2000 Received CTR Certification

1996 Received RHIT Certification

1995 Received BA Health Information Management, Central Piedmont Community College

OFFICIAL ABSENTEE BALLOT – 2014

Please CIRCLE your choice - vote for only ONE per office

**PRESIDENT**

**Kisha Raynor, CTR**

**Leta Vess, CTR**

**VICE-PRESIDENT**

**Jenean Burris, CTR**

**Joanne Essick, CTR**

**SECRETARY**

**Jenny Konrad, CTR**

**Linda Lucas, CTR**

**TREASURER**

**Cathleen Cheyney, CTR**

**Kelly Lowrance, CTR**

**Absentee ballots must be received by September 10, 2014. Please include name and address on your return envelope. Send to Blanche Sellars, CTR, ANCCR Nominating Chairman, 3900 Holder Rd Durham, N.C. 27703.**

## REPORT FROM THE NC CENTRAL CANCER REGISTRY

Melissa Pearson, CTR

### Staffing Updates:

- Nigar Salahuddin has joined the CCR as the Meaningful Use coordinator.
- Field Services Representative Carol Ayers and family have moved to SC. We are pleased that Carol will be continuing in the cancer registry and joined a facility in SC!



### The CCARM, Revised for 2014, will be delivered to your inbox soon!

It is important that you take a moment to review the Summary of Changes provided at the beginning of the manual. The CCARM 2014 incorporates all changes since the last release of the CCARM in 2011, including the reporting requirement changes that went into effect 1/1/2014.

### The Transition to Directly Coded AJCC TNM and Summary Stage has begun!

Requirements for cases diagnosed in **2014**:

**Summary Stage:** Record the directly assigned Summary Stage (SS1977 or SS2000 depending on year of diagnosis) when the information is available to assign the stage. This includes a physician's reference or statement to stage.

**AJCC TNM Stage:** Required, when available. Record the directly assigned AJCC TNM Stage (clinical and pathologic TNM and stage group) when the information is available to assign the stage. This includes a physician's reference or statement.



**Collaborative Stage:** Complete coding of required CS data items for all cases diagnosed 1/1/2004 and after is still required.

#### **Directly coded SEER Summary stage 2000**

2015: Required from all reporting sources  
2016: Required from all reporting sources

#### **Directly coded Path and Clinical TNM and Stage Group**

2015: Required from CoC-accredited hospitals  
2016: Required from all reporting sources

#### Training:

- The NC CCR will be hosting several webinars after the first of the year. This will include the general rules and a focus on certain site specific chapters for AJCC TNM and Summary Staging.
- Articles focusing on helpful hints for certain elements of staging will be included in The Sentinel...beginning with this one!
- Articles focusing on certain elements of staging will be also sent out in periodic emails.
- Discussion in the monthly NAACCR webinars can be expected.

As part of the training process for the transition to directly coded AJCC TNM and Summary Stage, the NC CCR thought it would be helpful to send out brief articles focusing on a specific rule or concept related to staging. Hopefully, receiving smaller bits of information at a time will be helpful in the learning and transition process. All training materials provided by the NC CCR will serve as building blocks for abstractors new to AJCC TNM and Summary Staging as well as refreshers for experienced stagers. Please ensure that all training and educational information is shared with all staff in your cancer registry.



Check out the latest issue of the North Carolina Medical Journal to get a glimpse of how NC cancer data are being used!

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

### **Cancer in North Carolina**

Cancer is the leading cause of death in North Carolina. This issue of the NCMJ discusses cancer prevention, screening, treatment, and survivorship; disparities in incidence and mortality; and ethics of clinical trials. Highlighting the importance of comprehensive data for understanding cancer, original articles in this issue address how medical homes can reduce health care utilization among breast cancer patients and how distance to care affects receipt of radiation therapy.

### **2015 NAACCR Annual Conference:**

The NC CCR will be hosting the 2015 NAACCR Annual Conference in Charlotte, NC. The conference is scheduled for the week of June 13, 2015. This would be an excellent opportunity to attend a national meeting close to home – even if only for one day. While this meeting is geared towards central registries, some of the presentations given at NCRA are also given at NAACCR – especially those related to data changes. Plus, it is an excellent opportunity for professional growth to have a glimpse of the issues related to cancer surveillance at the next level.



Details of the agenda will not be available until early 2015. However, the agenda from previous years is available on the NAACCR website to give you an idea of the topics discussed.

<http://www.naacr.org/EducationandTraining/AnnualConference.aspx>

### **Highlights from the 2014 NAACCR Meeting in Ottawa, Canada:**

While many presentations at the NAACCR annual conference are “research study” or “statistics” based and report the findings of studies conducted by various states, these studies do use cancer registry data. It is very interesting to see how cancer registry data are being used at the population level to identify issues at every point of cancer surveillance from screening to survival. In addition, current topics relevant to both central and hospital based cancer registries are included. Below are a few examples of the presentations given at the 2014 NAACCR annual meeting:

- The Impact of the Collaborative Stage Transition on SEER Summary Stage
- Exploring the Disease Index Impact on Cancer Registry Data Completeness and Death Clearance Casefinding in Maryland
- Does Compliance with CoC Guidelines for Minimum Lymph Node Count Really Matter?
- Standardization for Reporting Cancer Biomarker Test Data
- The Impact of Missing Stage at Diagnosis on Results of Geographic Risk of Late-Stage Colorectal Cancer
- Innovative Data Quality Control: How to make it Better by Making it Easier!
- SEER\*Educate — Learn by Doing
- Evaluation of Clinically-Significant Factors in Collaborative Stage for Female Breast Cancer

### Transition to Electronic Reporting:

The current NPCR grant period is 2012-2017. By 2017, NPCR expects:

- All hospitals (100%) to be reporting to the NCCCR electronically. This includes CoC and non-CoC hospitals.
- In addition, at least 80% of the non-hospital facilities that are required to report must be reporting to the NCCCR electronically. This includes treatment facilities and physician offices.

In addition to requiring that physician offices report electronically, the CCR is also required to expand the physician office specialties that must report. Several years ago, the CCR began bringing on dermatologists and urologists. Currently, the CCR is working to bring on GI, medical oncology and radiation oncology offices. By 2017, the CCR must have at least:

- 75% of the urologists, dermatologists, and gastroenterologists reporting to the NCCCR
- 70% of the medical oncologists, radiation oncologists, and hematologists reporting to the NCCCR

The NC CCR is about half way into this grant period. So how are we doing on this?

The CCR field services staff began transitioning 28 non-CoC hospitals this year. Approximately 10 hospitals were already doing their own reporting and doing so electronically. The remaining hospitals in which the CCR staff are responsible for the abstracting have been the focus of the transition efforts. Designated staff in these hospitals requires training in cancer reporting starting with the very basics and will include issues related to the transition from CS to directly assigned AJCC TNM and Summary Stage. The field services staff have been working on training the staff in these facilities. It is expected that all non-CoC hospitals will be doing their own electronic reporting effective with cases diagnosed 1/1/2014.

For the physician office reporting, approximately 140 of the identified, required physician office specialties are currently reporting. Of these 66 are reporting electronically and all other offices are being trained to report electronically by entering cases directly into the CCR's Eureka database. It has been a daunting task just to identify which and how many offices there are that should be reporting. The CCR field services staff are working on ways to manage and track how designated physician specialties are meeting the reporting requirements. What physician groups should be reporting, are they reporting through MU, abstracting their own cases, hiring a contractor, or do they have a relationship with a cancer registry to report their cases? In addition, this must be monitored year after year as these relationships change, new offices are opened, etc.. And, most importantly, there must be a way to confirm that the physician office is actually meeting the reporting laws through this arrangement. For example, if a physician office says that the cancer registry at the local hospital is reporting their cases, it must be verified that those cases are actually received by the hospital cancer registry. It is expected that by 2015, all required specialists, including urologists, dermatologist, GI, medical oncologists, hematologists, and radiation oncologists will have been identified, contacted and their method of meeting the reporting requirements defined with the goal of having 80% of those offices reporting routinely and electronically by 2017.

## Staging: Focus on the Timeline....Getting The Story Straight

Preparing for the transition to directly coded AJCC TNM and Summary Stage, Article 1, August 2014

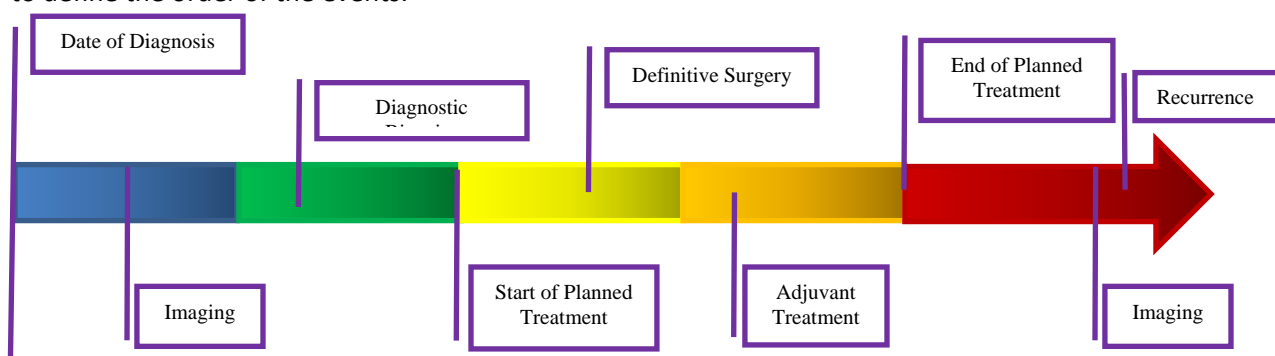
One of the most common questions in staging is, “What information can I use to determine the stage?” For AJCC TNM Staging, this would be expanded to what information can be used for the clinical stage and what information can be used for the pathologic stage. Regardless of the staging system (CS, AJCC, or Summary Stage), the answer to this question lies heavily on the timing rules. But, before you can even consider the timing rules, one of the most important first steps in abstracting is getting the story straight by defining what events occurred in the case and when they occurred.

Mistakes in staging often occur when information that occurred outside of the timing rule were included in the stage. Developing a timeline of events can be helpful. Before attempting to stage a case, put the events that took place on a timeline. This doesn't have to be a formal timeline like the one shown below. It can be a simple, conscientious thought process of organizing the events in the order in which they took place.

For every case, certain information must be determined and are critical for applying the staging rules:

- What is the date of diagnosis?
- What staging and diagnostic workup was done and when?
- What is the first course treatment plan, including active surveillance or no treatment
- What first course of treatment was actually delivered?
- What was the first date definitive treatment was given?
- What was the date of definitive surgery?
- Was there a change in the original treatment plan?
- Was pre-operative (neoadjuvant) treatment given?
- Has the tumor progressed or recurred since the date of diagnosis?

Once those pieces of information are known, then they can be arranged on the timeline. At this point, whether the event qualifies for clinical or pathologic staging is not a factor. This step is only attempting to define the order of the events.



Now that you know the order in which the events took place, you can begin to consider the timing rules for AJCC TNM and Summary Staging as well as the definition for clinical and pathologic staging.

Summary: Start by determining the events that took place and the date on which they took place. Arrange those events in chronological order. Answer the critical questions for the case listed above. Use this information when considering the timing rules for clinical and pathologic staging.

Next article: Focus on the timing rules for staging.

## **Lou Woods Award for 2014**

Joanne Essick, CTR, ANCCR Historian

Nominations are being accepted for the Lou Woods Award established and named in honor of the founder of TRANC. Winners demonstrate dedication, educational leadership, extraordinary enthusiasm, tireless commitment, professional achievement or outstanding and attentive faithful service that benefits the Association of North Carolina Cancer Registrars (ANCCR) and the tumor registry profession.

The nomination form is at the following link: <http://ncregistrars.com/content/luna-m-woods-award>

Requirements for Nomination:

- Nominator must be an ANCCR member in good standing (defined as being a member for at least one calendar year.)
- Nominee need not be a member of ANCCR.
- Nomination form should give as many details as possible why the nominee deserves this award.
- Nomination should be sent to the ANCCR Historian at least two (2) weeks before the annual meeting. Deadline: September 9, 2014.

Please think about making a nomination. The award will be presented at the ANCCR annual meeting in September.

Nominations should be emailed to Joanne Essick, [jessick@armc.com](mailto:jessick@armc.com).

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## **News – Facts – Articles – Updates**

Send information to: *The Sentinel* Editor

Inez Inman, Cancer Registry, WF Baptist Medical Center

iinman@wakehealth.edu                      336-713-6828

Deadline for the next issue of *The Sentinel* is October 15, 2014.







## CALL FOR NOMINATIONS

*Join the NCRA team that's shaping the future of your profession.*

NCRA's Nominating Committee is petitioning for candidates to be considered for the Board of Directors, the Council on Certification, and the Nominating Committee. Those elected will begin to serve May 2015. Nominations may be made by the membership as well as by the Nominating Committee, which will prepare the slate for the 2015 election.

**The following nominations are being sought for the 2015 NCRA election:**

### **Board Positions**

- President-Elect/Secretary (one-year term with rollup to President)
- Treasurer Junior (one-year term with rollup to Treasurer Senior)
- Education Board Director (two-year term)
- Retention & Recruitment Board Director (two-year term)
  
- Advocacy and Technical Practice Board Director East (two-year term)
- Advocacy and Technical Practice Board Director Midwest (two-year term)
- Advocacy and Technical Practice Board Director West (two-year term)

### **Council on Certification Positions**

- Council on Certification Administrator (one with a three-year term)
- Council on Certification Representatives (four positions each having a two-year term)

### **Nominating Committee Positions**

- Nominating Committee Members – East Region (two positions each having a one-year term)
- Nominating Committee Members – West Region (two positions each having a one-year term)
- Nominating Committee Members – Midwest Region (two positions each having a one-year term)

### **Position Eligibility**

Candidates for all positions will be required to submit a candidate position statement limited to 250 words in addition to a Candidate Profile Summary Form and a resume/CV. Board and Council positions may be elected to succeed themselves in office, but shall not serve more than two full terms consecutively. Per NCRA Bylaws, Article IV Section 3, below are the eligibility requirements of the various positions.

### **NCRA Board Positions**

To be eligible to serve as an officer of NCRA, a candidate must have been an active member in good standing for at least one year. To be eligible to serve as:

**President-Elect/Secretary**, the active member shall have served at least one term on the Board of Directors or as the chairman of a standing committee prior to nomination.

**Other Board Positions**, the active member shall demonstrate interest in and focus on the duties as described in the standing rules.

## Council on Certification Positions

To be eligible for the position of:

**Council on Certification Administrator**, the active CTR shall have a minimum of five (5) years experience as a Certified Tumor Registrar (CTR) and shall not hold employment in any educational services related field that provides instruction to future registrars. Shall have served at least one term on the Council on Certification within the past five (5) years prior to nomination.

**Council on Certification Representative**, the active CTR shall have a minimum of three (3) years experience as a Certified Tumor Registrar (CTR) and shall not hold employment in any educational services related field that provides instruction to future registrars.

## Nominating Committee Positions

To be eligible to serve as a **Nominating Committee member**, individuals shall:

- Have been voting members of NCRA for two (2) years immediately prior to committee membership.
- *Not* be candidates for any elected positions during their terms of office.
- Be residents of their respective geographic regions.

## Geographic Regions

NCRA has divided its regions into 3 geographic sections, based on the distribution of membership throughout the country. Regional representatives shall be elected solely by those voting members residing in, and eligible to vote in, each of the three regions. Residence in a geographic region is defined by the member's official NCRA mailing address:

### Eastern Region

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Ontario, Quebec, Newfoundland, Prince Edwards Island, Nova Scotia, New Brunswick, Puerto Rico, Bahamas, Africa, Europe.

### Midwest Region

Alabama, Arkansas, Kansas, Kentucky, Illinois, Indiana, Iowa, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Tennessee, Texas, Wisconsin, Manitoba, Northwest Territories, Saskatchewan, Mexico, Central America, South America.

### Western Region

West Region encompasses: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming, Alberta, British Columbia, Yukon, Middle East, Asia, Australia.

Candidate Profile Summary Forms **must be submitted electronically**.

Email the completed forms no later than **September 30, 2014** to:

Janice Ford, NCRA Staff: [jford@ncra-usa.org](mailto:jford@ncra-usa.org)

**Questions? Contact (703) 299-6640 x319 or [jford@ncra-usa.org](mailto:jford@ncra-usa.org).**

For a copy of the Nominating Form and the Candidate Profile Summary Form:

email Inez Inman at [iinman@wakehealth.edu](mailto:iinman@wakehealth.edu)

NCRA Nominating Committee member