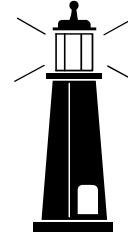


The Sentinel



The Newsletter for the Association of North Carolina Cancer Registrars

Summer 2015

Message from the President: Leta Vess, BA, CTR

Hello ANCCR members:

Thanks to ANCCR I was able to attend NCRA's 41st annual educational conference in San Antonio, TX and was proud to represent ANCCR as its president. I participated in as many educational sessions as I could and was invited to the annual state president's luncheon as well. We heard excellent speakers who addressed the many issues facing cancer surveillance, the importance of the data we collect, and the ongoing effort to make that data as accurate, thorough and useful as possible. As usual, there are a lot of changes on the way: ICD-10, a new FORDS manual, a revised ACoS Standards Manual (just a revised manual, not revised standards, thank goodness) and of course, changing from Collaborative Staging to directly coded AJCC staging and Summary Staging.

The president's luncheon was interesting and informative too. I learned that we are one of the few states that will not be having April Fritz speaking at our annual meeting. I shared with them that we have three NCI facilities in our state along with a number excellent medical centers so we are able to have outstanding local speakers at our state meetings. The other presidents were also interested to learn of our Hospital Resource manual and were impressed that we were able to produce such a helpful document. We also shared ideas about fund raising, organizational structures, regional meetings and just general purpose issues.

I also enjoyed the opportunity to spend some time with other ANCCR members including registrars from the Central Cancer Registry, Wake Forest Baptist Medical Center, Rex Healthcare, Appalachian Regional Healthcare, Carolinas Medical Center, New Hanover Medical Center, and UNC Healthcare. At least one vendor was the NC based Registry Partners. My apologies in advance if you were there and I missed seeing you.

Now we look ahead to the NAACCR meeting in Charlotte in June and our state meeting in September in Raleigh. Kathy Foote and the other Rex registrars have put together an excellent program and I hope all ANCCR members will be able to attend. The program brochure is available on our website, and ANCCR does offer a full scholarship for at least one ANCCR member to attend. The scholarship information is available elsewhere in this newsletter.

As always, I appreciate the opportunity to serve as ANCCR's president and look forward to seeing everyone in September. Meanwhile, best wishes to all for a restful and peaceful summer.

ANCCR's Executive Board 2014-2015

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

2015 NAACCR Annual Conference
June 13-18, Charlotte, NC

2015 ANCCR Fall Meeting
September 23-25, Raleigh, NC

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

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

Treasurer's Report

May 19, 2015

TREASURER'S REPORT
Net Worth – As of 4/15/15
Kelly Lowrance, RHIT, CTR

<u>Account</u>	<u>Balance</u>
ASSETS	
Cash and Bank Accounts	
ANCCR Checking	4,125.32
Money Market	30,974.77
Shares Account	<u>60.52</u>
TOTAL ASSETS	35,160.61
LIABILITIES	
	0.00
OVERALL TOTAL	35,160.61

Checking Account Activity since 1/14/15

Beginning Balance: **6,015.15**

Expenses:

2015 Fall Meeting Deposit	- 500.00
President NCRA Expenses	- 1,613.69
NCRA Education Foundation	- 100.00
Donation - JW	
Bank Fees	- .98
SECU Foundation	- <u>3.00</u>
	- \$ 2,217.67

Deposits:

Dividends Earned	+ 2.84
Membership Dues	+ 155.00
Sentinel Ad Income	<u>+ 170.00</u>
Total Deposits	+ 327.84

Checking Acct Balance as of 4/15/15: \$ 4,125.32

COMMENTARY

Improving the Quality of Cancer Staging

Elliot A. Asare, MD^{1*}; Mary "Kay" Washington, MD, PhD²; Donna M. Gress, RHIT, CTR³;
Jeffrey E. Gershenwald, MD⁴; Frederick L. Greene, MD⁵

In this era of multidisciplinary management of the patient with cancer, there is a critical need for accurate information related to the patient, tumor characteristics, and treatment received or planned to facilitate the quality of care delivered. Staging has been a core component of cancer care for decades, and the rapidly evolving pace of oncology calls for measures to improve the quality of cancer staging. The Institute of Medicine report on improving the quality of cancer care noted that "in order to continue to advance the high-quality cancer care delivery system, measurement and assessment of progress in improving the delivery of cancer care, public reporting of information gathered, and development of innovative strategies to facilitate performance improvement will be needed."¹

This charge from the Institute of Medicine calls for adherence to existing quality indicators (QIs) or measures (QMs), practice guidelines, and the creation of new QIs or QMs when none exist. The American Joint Committee on Cancer (AJCC) is engaged in several efforts to improve the quality of cancer staging.

QIs are well-defined, quantifiable targets that allow for the assessment of structure, process, and outcome with regard to care.²⁻⁴ QIs must be measurable, actionable, and based on evidence.⁵ In addition, QIs should serve as benchmarks for the comparison of different metrics associated with care across many institutions.⁵

Among several important QIs and QMs for the care of the patient with cancer, accurate and complete documentation of cancer stage has critical implications for the patient, clinician, and public health scientists. Clinicians involved in the care of the patient with cancer, cancer registries, and other users of staging data look to the AJCC to formulate and revise the rules for cancer staging in the United States. Established in 1959, the AJCC has been collaborating with the Union for International Cancer Control since 1982 to provide a unified anatomic staging system for cancer worldwide.⁶ Updates to the staging system are performed periodically by convening the best expertise in the field and

using the highest available level of evidence. Previous editions of the AJCC staging system have included nonanatomic prognostic factors within the TNM framework for some disease sites.⁷ Expansion of staging to include widely accepted pertinent prognostic factors for many other disease sites is also currently under consideration in the ongoing efforts to develop the 8th edition of the AJCC staging system.

Accurate staging allows the clinician to offer patients treatment recommendations based on practice guidelines and to discuss prognosis. Cancer stage also serves as an important inclusion, exclusion, and/or stratification criterion for clinical trials. In addition to other variables, data elements with which to derive disease stage are abstracted into the National Cancer Data Base (NCDB), the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) database, and the Center for Disease Control's (CDC's) National Program of Cancer Registries (NPCR). These data elements allow for research into disease outcomes and trends over time based on stage of disease when necessary and are informative in the formulation of guidelines, targeted population cancer control efforts, and allocation of resources. Importantly, staging facilitates national and international collaborative cancer research efforts, and allows clinicians from different cultural and language backgrounds to communicate and share data regarding cancer. This is especially important as the global burden of cancer cases continues to rise, especially in low-income and middle-income countries.⁸

Despite the fundamental role of cancer staging, timely and accurate stage assignment with appropriate documentation can be difficult to achieve in practice. First, ambiguities in portions of the AJCC staging manual leave interpretation of staging rules to the clinician or registrar, either of whom may be incorrect. Critical to improving quality staging data are cancer registrars, who are personnel with specialized training to abstract pertinent information with regard to the history, diagnosis, treatment, and

¹Clinical Scholar in Residence-AJCC, Cancer Programs, American College of Surgeons, Chicago, IL, Resident, Department of Surgery, Medical College of Wisconsin, Milwaukee, WI; ²Professor, Department of Pathology, Vanderbilt University Medical Center, Nashville, TN; ³Cancer Registrar, American Joint Committee on Cancer, Chicago, IL; ⁴Professor, Division of Surgery, Department of Surgical Oncology, The University of Texas MD Anderson Cancer Center, Houston, TX; ⁵Medical Director of Data Registry, Levine Cancer Institute, Charlotte, NC.

Corresponding author: Elliot A. Asare, MD, Cancer Programs, American College of Surgeons, 633 N St. Clair St, 22nd Fl, Chicago, IL 60611; easare@facs.org

DISCLOSURES: Dr. Asare is supported by the American College of Surgeons Clinical Scholars in Residence program. Dr. Gershenwald is a member of the Global Advisory Board for Merck. The remaining authors have no disclosures.

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surveillance for every patient with cancer in the United States. Registrars are employed at hospitals, state cancer control departments, or at the federal level and abstract information from patient medical records into hospital cancer registries, state cancer registries, the NCDB, the SEER database, and the CDC's NPCR. Given the vital role played by registrars in the collection of cancer data, their understanding and accurate interpretation of staging rules are crucial to improving the quality of staging data. Second, clinicians and registrars may not be familiar with the most recent changes to disease site-specific staging systems because there may be a time lag to the adoption of such revisions between the date when the newly published manual takes effect and consistent use of the new rules. Although the magnitude of the problem associated with the timeliness of uptake of new revisions in the latest editions of the staging manual has not been formally evaluated, our anecdotal experience based on queries in the American College of Surgeons' cancer staging forum (CAnswer Forum; cancerbulletin.facs.org/forums/help), hosted by the AJCC, points to the existence of such a problem. Barriers to adherence, such as a lack of awareness and lack of familiarity,⁹ may increase inaccuracies in staging data. In addition, apathy to the value of staging by some clinicians may facilitate inaccurate staging or promote a lack of documentation.

In preparation for the transition to mandatory direct abstraction of AJCC staging data in 2016, the AJCC engaged the National Cancer Registrars Association to assess registrars' understanding of AJCC staging by administering knowledge-based tests to 1342 cancer registrars in 2013.¹⁰ We found significant gaps in knowledge and currently are working closely with our partners to improve registrars' understanding of AJCC staging. The quality of retrospective outcomes studies using databases and clinical trials that use stage as a stratification factor may be hampered if assignment of stage is not accurate.

Multipronged approaches are needed to increase the quality and accuracy of staging data. As part of ongoing activities by the AJCC regarding the 8th edition of the staging system, the AJCC has established the following core groups to oversee various aspects of the quality improvement process: the Content Harmonization Core, Evidence Based Medicine and Statistics Core (EBMS), Precision Medicine Core (PMC), and Data Collection Core. The Content Harmonization Core, comprised of experts in cancer staging (and chaired by coauthor J.E.G.), has begun to critically revisit and revise the "Purposes and Principles of Cancer Staging"⁷ chapter of the staging manual, which includes a general discussion of staging along with detailed rules for applying the AJCC staging system. The goal of this effort is to critically appraise the current fundamental rules for staging cancer in terms of relevance and clarity; when appropriate, new

concepts that are pertinent to staging cancer such as the role of imaging in cancer staging will be introduced. In addition, ensuring the consistent use of terms and definitions across chapters and a reduction in ambiguities are some of the goals for the next edition of the AJCC staging system. The newly created EBMS core is collaborating with disease site experts to ensure that the highest levels of available evidence are used to inform changes to the staging system. Toward this end, the EBMS is providing recommendations to guide disease site expert panels about the levels of evidence needed to effect new changes to the staging system to ensure that changes made are based on both clinical and statistical validity. As our understanding of cancer biology matures and computational and statistical modeling continue to improve, clinically relevant prognostic models have and will continue to be created to serve as useful clinical decision aids.¹¹ Realizing the importance of prognostic models as adjuncts to or independent of traditional staging, the PMC, comprised of clinicians, data scientists, statisticians, and modelers, has been established. The PMC is charged with devising guidelines for the evaluation of prognostic models that include anatomic and nonanatomic factors such as biomarkers and pertinent clinical variables for possible endorsement by the AJCC. The work of the PMC is partly informed by a study commissioned by the AJCC to examine the quality of existing cancer prognostic calculators and nomograms (unpublished data). This study highlighted the generally poor quality of existing prognostic tools. The AJCC is also exploring opportunities for collaboration with data scientists and computational modelers outside of the PMC to build prognostic tools when there is a need. The Data Collection Core is collaborating with clinicians and the registry community to identify important data items that need to be collected by hospital registries to inform future revisions to the staging system.

With funding from the CDC's NPCR, the AJCC offers self-study modules consisting of multiple lessons, Webinars, and discussion forums to educate registrars about staging. Volunteer physicians who are members of the AJCC offer lessons on anatomy and clinical information pertinent to staging to cancer registrars. In addition, the AJCC hosts an online forum, CAnswer Forum (cancerbulletin.facs.org/forums/help), where clinicians and registrars from around the world seek answers to staging-related questions. Given the crucial role of institutional databases, the NCDB, and SEER registries to outcomes studies, clinician engagement and support of registrar education will help to improve the quality of abstracted data. The AJCC anticipates that multimedia approaches to the dissemination of cancer staging systems including delivery by print, Web, and applications ("apps") will enhance the receipt of such information to myriad users of cancer staging data. Integration of cancer staging rules into electronic health records may

ease information accessibility and improve the quality of staging data. Avenues to help realize these goals for the upcoming 8th edition of the AJCC staging system currently are being explored.

In addition, stakeholders such as hospitals, accreditation bodies, and payers can and should play a critical role in the quest for high-quality staging data. In an effort to streamline the reporting of staging data and to improve data quality, the College of American Pathologists has sponsored a National Quality Forum-endorsed measure that recommends the reporting of pT category (pathologic tumor), pN category (regional lymph node), and histologic grade for all pathology reports from patients with resected breast cancer.¹² The expansion of such a National Quality Forum measure to include other disease sites may improve the quality of staging data reported by pathologists and potentially enhance the quality of cancer care delivered.

Complete and accurate staging data should be a QM promulgated by all stakeholders involved in the care of the patient with cancer. The AJCC and its partner organizations are committed to improving the quality of cancer staging. ■

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WEB SITE REPORT

Cathy Rimmer, BA, MDiv, CTR

NAACCR webinars are posted under the member's only section after the links are released by NAACCR.

EDUCATION REPORT

Jenean M. Burris, RHIT, CTR

Another great year of Cancer Information classes has wrapped up at Davidson County Community College which means a few more future CTR's are looking for jobs. The students who were ready to complete their registry rotations used the SEER educate resource to complete their required number of hours/abstracts. This is a great tool, but there is nothing better than true hands on in a registry setting with a registrar there to guide them. Hopefully we can find hospitals to place our students in next year.

AJCC has a YouTube channel! This resource can help answer some tricky questions that we face in the day to day world of abstracting. For example 998 vs. 999, the definition and purpose of Neoadjuvant therapy and the evaluation codes to name just a couple! There are also cases presented by Donna Gress, RHIT, CTR that helps learn the basics of AJCC Staging. This could be a very valuable resource for new registrars or for us seasoned registrars needing to refine our skills.

The cost for the CTR exam is \$399.
(\$299 for NCRA members)

2015 CTR Exam Dates:

- June 20 – July 11
Application deadline: May 29
- October 17 – November 7
Application deadline: Sept 18

MEMBERSHIP

Vickie Gill, RHIA, CTR

As of May 15, there are 113 ANCCR members.

WAYS AND MEANS

Kisha Raynor, CTR

A silent auction with wrapped gifts will be held at the fall meeting again this year. [Please consider donating a gift worth \\$15-\\$20.](#) Bring your gift wrapped according to the season. For example, Christmas ornaments wrapped in winter paper.



Also this year, each current officer will have a donation jar. The officer that collects the most donations during the fall meeting will *dress up as a cartoon character* during a lunch!

NCRA LIAISON REPORT

Melanie Rogan, CTR

NCRA Educational Conference was held 05/21-05/23 in San Antonio, TX. There were approximately 1200 attendees.

A4C REPORT

Leta Vess, BA, CTR

The NC A4C met on Friday May 8, 2015 in Raleigh. I attended representing ANCCR. We heard a report from Christine Weason, NC Government Relations Director for ACS – CAN, and Jim Martin, also an ACS government liaison. They reported that the NC Cancer Treatment Fairness Act, which addresses the reimbursement issues with oral chemotherapy, is stuck in a legislative committee. The Jim Fulghum Teen Skin Cancer Prevention Act has passed both houses of the state legislature and is on the governor's desk to be signed. There are a number of other cancer and health related bills being discussed. The state legislature has a very good website for tracking bills: <http://www.ncleg.net/Legislation/Legislation.html>. They reminded us that ACS CAN is lobbying in support of cancer control issues.

We also heard a report from Dr. Ethan Basch, Director of the Cancer Outcomes Research Program at UNC Lineberger, about the many research programs and activities at UNC. The subcommittees (Care, Early Detection, Prevention) met and we heard their reports in the afternoon.

The next meeting of the full group is in November, but the subcommittees meet by teleconference more frequently.

REPORT FROM THE CENTRAL CANCER REGISTRY

Melissa Pearson, CTR

Staffing Changes:

The Field Services Representatives now have a new working title to better reflect their changing roles. With the requirement that all facilities (including physician offices) must report electronically, these positions are no longer "out in the field" collecting data. Instead, their focus is on the recruitment of physician offices, training of data reporters, compliance of reporting standards and ensuring the data quality of reported cases from non-CoC accredited reporting sources. Their new working title is Oncology Data Analyst.

- Melissa Pearson has been promoted to the Quality Control Manager.
- Linda Strother and Robert Aldrich joined the CCR in May as Oncology Data Analysts (ODA).
- Karen Harrington joined the CCR in May as the Death Clearance Coordinator.
- Ashanti Scott-Prince resigned from her position as ODA Supervisor in March. This position remains vacant at this time.
- Chandrika worked diligently with HR to get approval to use lapse salary money to hire 8 CTR's (as part-time, temporary staff) to help with the backlog of some 25000+ visual editing and case consolidation cases that needed to be processed. These staff will work from April to June and we hope they will be able to process about 15,000 cases which will be a HUGE help to the CCR.

A few things that will be emphasized for 2015 reporting are listed below:

File Naming Requirements:

Submission files are named by the user at the facility and saved on the user's computer BEFORE uploading the file to the Cancer Registry Portal. Be sure that all file names, including zipped files, meet the following requirements before logging in to the Cancer Registry Portal. Contact your cancer registry software vendor if assistance is needed in creating and naming files. **Files that do not meet the**

specifications outlined below will be rejected. The facility will be notified to correct the file name and re-upload to the Cancer Registry Portal.

- New Case Files: Should have a file extension of .XAA or .xaa (all upper or all lower case). .XAA is the preferred extension. New case files with a .DAT or .TXT extension are being accepted at this time. Large files (over 100 cases) should be zipped before uploading or the Cancer Registry Portal system will time out and the upload will be unsuccessful. Files to be zipped must also use the above file naming requirement before zipping the file.
- Update/Correction Files: MUST have a file extension of .XCO or .xco.

The file naming requirements and upload instructions have not changed. The requirements are being emphasized and enforced to promote automation of file loading into the CCR database.

Submitting 2015 cases:

- Directly assigned Summary Staging is required for **all 2015 cases** from all facilities.
- Directly assigned AJCC Staging (clinical and pathologic T, N, M and Stage Group) is required for **all 2015 cases** from CoC accredited facilities.
- Directly assigned AJCC Staging (clinical and pathologic T, N, M and Stage Group) is required from non-CoC facilities and small providers when the information is available.
- Complete coding of required CS data items for all cases diagnosed 1/1/2004 and after is required.

Note: "ALL cases" includes non-analytic cases diagnosed in 2015. For non-analytic cases, if the stage AT DIAGNOSIS is not known, then assign the appropriate code for unknown.

Having the updated edits is REQUIRED before submitting 2015 cases to ensure that the directly assigned summary stage and AJCC TNM are completed. SS2000 is currently auto-defaulted to 8 which is not caught by the 2014 edit metafile to remind the abstractor that the actual SS2000 was not coded. Please wait to submit 2015 cases until you receive the upgrade from your vendor containing the NC CCR 2015 edit metafile (based on NAACCR version 15.0) to ensure that the directly assigned SS2000 and AJCC TNM data items have been completed and contain valid values. It is recommended that you also run reports on SS2000 before creating the first submission file for 2015 to ensure SS2000 was assigned on all cases.

Staging Text:

This is a change for all of us! Giving extra attention to documenting the stage in the text will be a critical piece of the quality review process – both within your own registry and at the CCR. Here are a few tips:

- Only documenting the stage assigned on the staging form is not sufficient!
- Document the stage assigned by the physician PLUS validate this stage by documenting the findings from the source document.
- Does the physician's stage conflict with the source documents? AJCC heavily relies on the physician's expertise, not the rules we are used to in CS, such as ambiguous terminology. Include documentation to explain when a physician's stage is in conflict with the source document. For example, the CT shows extension but the physician documents it is actually only local.
- Pay particular attention when assigning blanks and X's to ensure the rules for these values are being applied properly.

Unknown Date of Diagnosis:

We are beginning to see an increase in the number of cases with an unknown data of diagnosis (date is blank and the flag is set to 12). Please make every attempt to estimate the date of diagnosis.

- For analytic cases, the date cannot be blank. If the year of diagnosis cannot be identified, it must be approximated.
- For non-analytic cases, estimating a date to only a month and year (e.g., June 2014) or to only a year (e.g., 2014) is preferred over a complete unknown date. Text should specify when a date has been estimated.

HOSPITAL SPOTLIGHT

Alamance Regional / Cone Health

Joanne Essick, BA, CTR
Cone Health Registry Operations Manager

The past few years have brought many changes to the Alamance Regional. Two big ones were the merger with Cone Health and building a beautiful new cancer center. I took over managing the registry in October of 2013 after a successful data conversion for all facilities to ERS CRStar. Alamance maintains its own CoC accreditation while all the others are merged together as one.



My team is responsible for the following facilities:

ALAMANCE REGIONAL MEDICAL CENTER
Cone Health Cancer Center at Alamance Regional

1236 Huffman Mill Rd
BURLINGTON, NC 27215
Cancer Registry: (336) 538-7730 / (336) 538-3758
FAX: (336) 538-7028
Analytic caseload: 600
ACoS category: Comprehensive Community
Last survey: September 2013
Reference year: 2002

MEDCENTER MEBANE
Cone Health Cancer Center at MedCenter Mebane

MOSES H. CONE MEMORIAL HOSPITAL
WESLEY LONG COMMUNITY HOSPITAL
Cone Health Cancer Center/Wesley Long

WOMEN'S HOSPITAL

MEDCENTER HIGH POINT
Cone Health Cancer Center at MedCenter High Point

ANNIE PENN MEMORIAL HOSPITAL

Cone Health Cancer Center at Annie Penn

Cancer Registry: (336) 832-0755 / (336) 538-7187, FAX: (336) 538-7028

Bed size: 1025 (combined), Analytic caseload: 3000 (combined)

ACoS category: Comprehensive Community. Last survey: Nov 2012. Reference year: 2001

Staffing / In-house and out-sourced

Alamance Regional / Cone Health Team:

Joanne Essick

- Earned CTR in 2007 after graduating in the first Cancer Information Management class at Davidson County Community College.
- Married 16 years to husband Reid
- Hobbies include reading and lounging with my 2 rescue kitties Max and Mia

June Gregory

- Worked at Alamance Regional for 30 years in various roles as patient registration and admitting supervisor, and management of the Cancer Center business office and physician practices. Transferred to the Cancer Registry in 2002 and did self-study for 4 years, prior to taking the exam to get my CTR in 2006. Lead CTR from 2006 to the later part of 2012 when I stepped down as lead tumor registrar to tumor registrar during the Cone Merger with ARMC. I moved back to the lead tumor registrar role in October 2013.

Renee Dwyer

Lead Tumor Registrar

- Earned CTR in 2013 graduating from Davidson County Community College with an associate's degree in Cancer Information Management
- Married 33 years to Matt. Twin daughters, 2 dogs (Wetmore & Lola), & 1 cat (Ted)
- I enjoy walking for exercise, boating, Panthers football, & Carolina basketball

Michelle Chatman

Lead Tumor Registrar

- Originally from Buffalo, New York
- Earned CTR 2012
- Leisure time spent with family/friends/sightseeing

Jonathan Rakestraw

Cancer Registry System Coordinator

Beverly Trollinger

Administrative Assistant

- 14 years at ARMC in medical transcription prior to coming to the Cancer Registry
- BA degree UCLA
- Married, one son, one daughter, two granddaughters, one grandson
- Born in Boston and remain a devoted Red Sox, Celtics, Bruins, and Patriots (deflategate aside) fan
- Enjoy walking, swimming, and being in my sewing room

ELECTRONIC VOTING FOR ANCCR OFFICERS

Cathy Rimmer, BA, MDiv, CTR

ANCCR members will be voting electronically for officers in 2015. Below are important points to remember for the new electronic voting process:

- The voting window will be August 6 – August 20 (closes at midnight).
- Candidate profiles will be available within the ballot.
- The voting will take place through the Members Portal of the ANCCR website.
- In order to vote, members must be a registered user of the Member Portal.
- In late July, the web site coordinator will work with the Membership Chair to determine if all paid members are registered on the ANCCR Member Portal. Any paid member not registered will be notified by email with a reminder and instructions on how to register for the Portal.
- On August 21st, the ANCCR Nominating Committee, web site coordinator and web master will review the final results.
- Members will be notified of the election results on August 21st.



Why are we doing this?

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

NOMINATING COMMITTEE

Blanche Sellars, CTR

Wonderful news! We have an excellent slate of candidates for ANCCR officers for the upcoming year. The candidate profiles are provided for you to review.

President:	Teresa Jarrett, CTR Leta Vess, CTR
Vice-President:	Jenean Burris, CTR Kimberly Swing, CTR
Secretary:	Jenny Konrad, CTR Linda Lucas, CTR
Treasurer:	Kelly Lowrance, CTR Jennifer McLean, CTR

CANDIDATE PROFILES for PRESIDENT

NAME: Leta A. Vess, CTR
INSTITUTION: FirstHealth Moore Regional Hospital
ADDRESS: P O BOX 3000, Pinehurst, NC 28374
PHONE/OFFICE: 910-715-5292
CURRENT OCCUPATION/TITLE: Supervisor, Cancer Registry
JOB EXPERIENCE (include years of experience in Cancer Registry/other related work):
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/NCRA HISTORY (include years, membership/offices held, etc):
Association of North Carolina Cancer Registrars
2002-2005 Chair, By-laws Committee
2005-2007 Secretary
2006 – Host Registry, ANCCR annual meeting
2008-2012 Historian
2012 – 2014 ANCCR Treasurer
2014-2015 ANCCR President
National Cancer Registrars Association
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

NAME: Teresa Yvonne Jarrett BT, CTR
INSTITUTION Frye Regional Medical Center
ADDRESS 420 North Center Street
PHONE/OFFICE 828-315-3131
CURRENT OCCUPATION/TITLE Cancer Center Coordinator
JOB EXPERIENCE (include years of experience in Cancer Registry/other related work)
I was the first employee of the Cancer Registry at Frye Regional Medical Center when it opened on January 1, 1990.
I have worked as a temporary employee with the North Carolina Central Registry.
I have 42 years of medical records and cancer registry experience.
I passed my CTR exam in the Spring of 1993.
ANCCR/NCRA HISTORY(include years, membership/offices held, etc)
I have been a member of (TRANC and ANCCR/NCRA) since 1990.
Over the years, I have served as Vice President, Program Chairman, and as President during our organization's 25th Anniversary.
OTHER PROFESSIONAL HISTORY/EDUCATION:
I am a volunteer for Susan G. Komen NC Foothills. I serve as President of the Board.
I am a Sun Health Educator. I am a clinical instructor for the Health Information Management Program at Catawba Valley Community College.
I mentored an AHIMA Cancer Registry Student who passed his exam on the first attempt.
Over the years, I have been "Mother" to several new registrars across the state.
I am a graduate of Appalachian State University with a Bachelor of Business Technology.

CANDIDATE PROFILES for VICE PRESIDENT

NAME: Kimberly Renae Swing, CTR
INSTITUTION- Rex Healthcare and Certified Traveling Registrars
ADDRESS 2100 Allred Rd, Lexington NC 27292
PHONE/OFFICE 336-242-1054
CURRENT OCCUPATION/TITLE- Tumor Registrar
JOB EXPERIENCE (include years of experience in Cancer Registry/other related work)
CTR since September of 2012, I have worked for Certified Traveling Registrars since
September of 2012 and have worked for Rex Healthcare since March of 2013
ANCCR/NCRA HISTORY(include years, membership/offices held, etc)
Member of NCRA since 2012, Member of ANCCR since 2013
Member of ANCCR nominating committee 2011-2013
OTHER PROFESSIONAL HISTORY/EDUCATION:
Associate in Cancer Information Management obtained at Davidson County Community College

NAME: Jenean Montgomery Burris, RHIT, CTR
INSTITUTION: Wake Forest Baptist Health
ADDRESS: Medical Center Blvd, Winston-Salem, NC 27157
PHONE/OFFICE: (336)713-6829 (office) (336)816-2761 (home office)
CURRENT OCCUPATION/TITLE: Oncology Data Analyst
JOB EXPERIENCE:
I have had the privilege to be employed by Wake Forest Baptist for the past 11 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 HIM Department at High Point Regional
Hospital. Prior to HPRH I was an accountant at CV Products.
ANCCR/NCRA HISTORY:
I have been a member of ANCCR for 11 years and enjoyed the opportunity to serve on the
Board this past year.
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 6 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.

CANDIDATE PROFILES for SECRETARY

NAME: Linda L Lucas, CTR
INSTITUTION Novant Health Forsyth Medical Center
ADDRESS 3333 Silas Creek Parkway, Tumor Registry Box 19, Winston Salem NC 27103
PHONE/OFFICE 336-766-2809 (Home)
CURRENT OCCUPATION/TITLE Tumor Registrar/CTR
JOB EXPERIENCE (include years of experience in Cancer Registry/other related work)
Carilion Roanoke Memorial Hospital
1987 – 1998 Radiation Oncology Dept Secretary/Patient Scheduler/Front Office Team Leader
1998 – 2000 Tumor Registry and Breast Center
Abstracting and Tumor Board duties/BC Clerical support
Novant Forsyth Medical Center: 2000 – Present
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/NCRA HISTORY (include years, membership/offices held, etc):
ANCCR member since 2001. Currently serving as Secretary for term 2014-2015.
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!

NAME: Jenny Konrad, BS, CTR
INSTITUTION Wakemed Health & Hospitals
ADDRESS 3000 Newbern Avenue, Raleigh, NC 27610
PHONE/OFFICE 919 – 350 - 7085
CURRENT OCCUPATION/TITLE Lead Tumor Registrar, CTR
JOB EXPERIENCE (include years of experience in Cancer Registry/other related work):
30 years experience working in the medical field, German PA,
8 years of those in the Cancer Registry
ANCCR/NCRA HISTORY(include years, membership/offices held, etc):
2008 – 2015 member
OTHER PROFESSIONAL HISTORY/EDUCATION:
German PA (holistic, pediatric, general medicine offices)
Assistant/ secretary for Neurosurgeon Dr. Livingston
Office Manager/ Office Administrator
CTR
Wakemed Choir Member 2008 – 2015
Cross Point Community Church Breakfast Volunteer
WECHS (Wake Early College High School) Volunteer Speaker
Bilingual – German - English
Member of the NAPW (National Association of Professional Women) 2014 – 2015
Member of NCRA 2010 – 2015
Member of the ANCCR 2010 - 2015
Wakemed Management Pathway Graduate 2010

Wakemed Management Pathway Alumni member 2010-2015
Management Classes 2009 – 2011
Phlebotomist
Medical Transcriptionist

CANDIDATE PROFILES for TREASURER

NAME: Kelly A Lowrance, RHIT, CTR
INSTITUTION Novant Health Presbyterian Medical Center
ADDRESS 200 Hawthorne Lane, Charlotte, NC 28233
PHONE/OFFICE (704)384-5949
CURRENT OCCUPATION/TITLE Staff Development Oncology
JOB EXPERIENCE (include years of experience in Cancer Registry/other related work)
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(include years, membership/offices held, etc)
2014 – Present Treasurer of ANCCR
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

NAME: Jennifer Mitchell Mclean, CTR
INSTITUTION UNC RexHealthcare
ADDRESS 4420 Lake Boone Trail, Raleigh, NC 27607
PHONE/OFFICE 910-491-4413
CURRENT OCCUPATION/TITLE Cancer Registry Coordinator
JOB EXPERIENCE (include years of experience in Cancer Registry/other related work)
4 years experience in the registry, Mentor CTR students
ANCCR/NCRA HISTORY(include years, membership/offices held, etc)
NCRA since 2012
ANCCR since 2012
OTHER PROFESSIONAL HISTORY/EDUCATION:
NCRA Scholarship recipient 2008.
Finance committee @ Cross Fire Connection International Ministries.

ANCCR EDUCATIONAL SCHOLARSHIP AVAILABLE

2015 Theme:

“Beyond Collaborative Stage: What Impact Will the Transition to AJCC Stage and NCI Summary Stage in 2016 Have on Cancer Registrars, including Data Quality, Productivity, and Processes with Cancer Registries”

ANCCR has designated funding for an educational scholarship for an ANCCR member to attend the ANCCR annual educational meeting in September 2015 in Raleigh.

The purpose of the scholarship is to provide financial assistance to a member who may not otherwise have the opportunity to attend ANCCR’s annual meeting. The scholarship covers the full conference registration fee, mileage and hotel for three nights at the conference hotel.

ANCCR members wishing to apply for the scholarship must complete an application and submit at least a 500 word essay on the 2015 topic.

Please send the essay with your application (see below) to:

Inez Inman, Cancer Registry

Wake Forest Baptist Medical Center, Medical Center Blvd., Winston-Salem, NC 27157.

Deadline is Friday, August 21, 2015. The winning essay may be reprinted in The Sentinel following the ANCCR annual educational meeting.

APPLICATION

Your name: _____

Your title/department: _____

Facility’s name: _____

Facility’s address: _____

Phone number: _____

Email address: _____

STATEMENT:

I sign this statement in good faith that I would not be able to attend the ANCCR annual educational meeting in New Bern without this funding.

Signature: _____

Your manager, supervisor, director’s printed name: _____

Manager, supervisor, director’s signature: _____



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HAPPY SUMMER TO EVERYONE!!

REMEMBER TO USE SUN SCREEN AND DON'T BURN!

