


The Sentinel

The Newsletter for the Association of North Carolina Cancer Registrars

Summer 2017

Message from the President: Jenean Montgomery Burris, RHIT, CTR

Summer is here! Time for watersports, vacations, lake days, and plenty of whatever you call
FUN IN THE SUN! 

Since the last newsletter I had the pleasure of attending the NCRA Annual Education Conference in Washington D.C. I had so much fun getting to spend time with other registrars! I saw many of our NC Cancer Registrars there and it was great to re-connect with everyone face to face.

What I brought away from the conference is what we all already know....BIG CHANGES ARE COMING! There will be a lot to learn, but we all know what that is like, and we know how to prepare ourselves. Deep breathing, meditation, yoga may be some good things to help us power through!



At the Presidents breakfast I had the opportunity to chat and listen to each state talk about what they are participating in. From annual meetings to different ways to pay and register their registrars online, it was eye-opening and I brought back some ideas for our own state association. There are many states that asked about our regional meeting with South Carolina because that had heard great things! That made my heart swell with pride! Our hard work did not go un-noticed! It seems that most states want to be involved in a regional meeting and are seeking neighboring states to work with.

I look forward to what is to come with the Association of North Carolina Cancer Registrars!

Have fun this Summer and don't forget the sunscreen!



Cheers!

Jenean M. Burris, RHIT, CTR

ANCCR's Executive Board 2016-2017

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Upcoming Educational Meetings

ANCCR Educational Conference

September 13-15, 2017 Flat Rock, NC
Mountain Lodge & Conference Center, 42 McMurray Road

Reservations for hotel: call 828-693-9910 and request ANCCR room block.
For this meeting, cannot book rooms on-line or use 3rd party booking agency.
Room Rates (Sept 12-14, Tuesday – Thursday)

- Non-Smoking Rooms
- Studio suites w/2 full size beds & full kitchen = \$95/night + tax
- Studio suites w/ King size bed & full kitchen = \$95/night + tax
- One Bedroom King Suites, bedroom with King bed, living room with sleeper sofa & full kitchen = \$105/night + tax

There will be an overflow hotel available (if Mountain Lodge block is filled).

Registration (3 days) – covers 3 breakfasts, 2 lunches, 2 evening appetizers (6:30 pm) and 2 dinners (7:00 pm), breaks.

Members: \$150

Non-Members: \$250

There will be no on-line payment for registration this year – checks only.

The above information is posted on ANCCR web site along with the [Meeting Brochure & Registration Form](#)

WAYS AND MEANS

Kisha Raynor

Ways and Means is asking for donated items for Silent auction. We are asking for both wrapped and unwrapped items. If you choose to donate a wrapped item to please wrap according to season or theme of item donated (Ex Christmas ornament wrapped in Christmas paper).

NCRA Educational Conference

2018 - May 20-23, Sheraton New Orleans, New Orleans, LA
2019 – May 19-22, Sheraton Denver Downtown Hotel, Denver, CO



NEWS from the NCRA Educational Conference in Washington, DC held April 5-8, 2017.



CHANGE, IT IS COMING...AGAIN

A major theme of the NCRA Educational Conference in Washington, D.C. was the changes that are coming up in 2018.

Change is defined as “the act or instance of making or becoming different”. Some people hate change, some people love and look forward to change. No matter which way your thoughts fall, change is inevitable in the field of Cancer Information Management. And it is coming up soon, 191 days from the day I am typing this!

AJCC Cancer Staging, 8th edition will go into effect for the cases diagnosed January 1, 2018 and onward. What is changing? The entire way we look at staging! Anatomic staging has been the basis of AJCC staging up to this point. The 8th edition of the AJCC Staging Manual will be based on prognostic staging, the use of biologic information will play an important role including genomic profiles when appropriate. This is not a **NEW** idea to all of us! We have been collecting genomic data and biomarkers for a while now. The thing that we will find the most difficult is laid out in the first chapter of the manual and it includes:

- Document what is found (no problem there)
- Do NOT adjust, interpret, change (this could be a problem, how many of us adjust and interpret?)



Now, there is also mention of assigning stage with incomplete information, where:

- Presumptive stage may be used

- NOT a formal stage classification type
- ONLY for physician use to facilitate patient care
- NEVER documented by cancer registries (REGISTRARS--not document??!!)



As we to prepare for the monumental staging changes coming we should all begin to read and learn everything we can from the AJCC Cancer Staging Manual, 8th edition. Maybe we could also put the manual under our pillows at night and learn by osmosis.



While you are familiarizing yourself with the **NEW** manual you can submit questions you may have to the AJCC Forum that is located within CAnswer Forum! Check out <http://cancerbulletin.facs.org/forums/>

Another change coming down the pipeline is the revised Solid Tumor Manual (MP/H). It has been delayed until January 1, 2018 and will incorporate the **NEWLY** recommended ICD-O-3 histology terms and codes.

I know that we, as professionals, will meet these challenges head on and will make the best of it all. We will NOT sit in the corner of our office and cry. I may sing the lyrics to Prince's "Let's Go Crazy" including "Let's look for the purple banana till they put us in the truck." I may already be singing them!

Here's to meeting the challenges before us with grit and grace!

Cheers!

Jenean M. Burris, RHIT, CTR



MEMBERSHIP
Vickie Gill, RHIA, CTR

As of 5/22/2017, ANCCR has 141 members.

TREASURER'S REPORT
Jennifer McLean, CTR

Net Worth – As of 5/11/17

<u>Account</u>	<u>Balance</u>
ASSETS	
Cash and Bank Accounts	
ANCCR Checking	14,217.02
Money Market	21,442.05
Shares Account	61.43
TOTAL ASSETS	<u>35,720.50</u>
LIABILITIES	0.00
OVERALL TOTAL	35,720.50

Checking Account Activity since 5/11/17

Beginning Balance: 14,216.68

EXPENSES:

President NCRA conference	2012.00
Bank Fees	2.60
SECU Foundation Donation	3.00
	<u>3.00</u>

Total Expenses - \$2017.60

DEPOSITS:

Dividends Earned	+	8.89
Membership Dues	+	<u>383.82</u>

Total Deposits + 392.71

Checking Acct Ending Balance as of 05/11/17: \$ 14,217.02

EDUCATION REPORT
Kimberly Swing, CTR and
Karen Knight, CTR

Educational Opportunities:

<https://educate.fhcrc.org/> SEER Educate where you can do practice abstracts and earn up to 20 CE credits per cycle- **recently updated with new abstracts. Anyone attending NCRA's SEER workshop at the annual meeting should review the new cases on grade, surgery and AJCC staging.**

https://cancerstaging.org/CSE/Registrar/Pages/8E_November10_Webinar.aspx - webinar on 8th edition AJCC- **no CE credits earned**, archived webinars available.

<http://www.ncregistrars.com/> -Archived NAACCR webinars worth 3 CE credits each

<https://cancerstaging.org/CSE/Registrar/Pages/Disease-Site-Webinars.aspx> AJCC Disease site Webinars, **no CE credits earned**, archived webinars available.

<https://education.naacr.org/freewebinars> -NAACCR.ORG- Archived webinars.



ANCCR purchased subscriptions to the NAACCR Cancer Registry & Surveillance Webinar Series.

NAACCR will present a different webinar every month beginning in October 2016 and continuing through September 2017. Each webinar is three hours (3 CE's) and will be presented on the first Thursday of each month. After the LIVE version, a link to the webinar will be available to ANCCR members on the ANCCR website, as soon as it is available each month. The sessions are 9:00 am – 12:00 pm.

Please contact the host at the site in advance for address details/directions so the appropriate number of handouts can be prepared.

The webinars will be presented LIVE at the following sites across the state:

Park Ridge Hospital, Hendersonville, NC

Contact: Lisa Ganem: lganem@certicoderegistry.com

Carolinas Medical Center, Charlotte, NC

Contact: Paige Tedder paige.tedder@carolinashealthcare.org

Forsyth Medical Center, Winston-Salem, NC

Contact: Cathy Rimmer Ccrimmer@novanthealth.org

UNC Rex Hospital, Raleigh, NC

Contact: Kathleen Foote Kathleen.foote@unchealth.unc.edu

Vidant Medical Center, Greenville, NC

Contact: Merrill Bright Merrill.bright@vidanthealth.com

Below is the NAACCR webinar schedule:

- * 7/13/17- Hospital Cancer Registry Operations-Topic TBD
- * 8/3/17- Collecting Cancer Data: Central Nervous System
- * 9/7/17- Coding Pitfalls

Educational Materials

[Cancer Case Studies: A Workbook to Practice Assigning AJCC TNM Stage](#)

NCRA produced this case study workbook to provide opportunities for cancer registrars to practice assigning AJCC TNM Stage using the new *AJCC Cancer Staging Manual Eighth Edition*. NCRA has included two sets of answers. One using the Seventh Edition; the second using the Eighth Edition, this construct will help registrars compare the differences. NCRA has also provided rationales for the correct Eighth Edition answers. The workbook includes 50 cases prepared by Donna M. Gress, RHIT, CTR.

Member Price: \$89.00 **Non-Member Price: \$145.00.**

Online version of IDC-O-3 <http://codes.iarc.fr/codegroup/2> it is strongly suggested for this site to be used, includes automatic updates that are happening faster than hard copy can be printed, Hematopoietic and Lymphoid Neoplasm Database- there will be a new database for 2018, only text format, will reflect changes for 8th edition AJCC

FORDS – will have a new name and new manual for 2018, new name is STORE- Standards For Oncology Registry Entry

Davidson County Community College

DCCC is proud to announce that they have 10 students enrolled in their program. 2 students live out of state and 8 students are looking for locations to complete their workplace practicum. If you are able to assist one of these students at your facility, please contact Heather Watson hwatson5354@davidsonccc.edu . The students live in Cherryville, Greensboro, High Point, Winston Salem, and Burlington.

New Resource! Informational Abstracts

<http://www.cancerregistryeducation.org/rr>

ARTICLES FOR YOUR REVIEW



<https://www.cancer.gov/news-events/cancer-currents-blog/2017/patient-reported-outcomes-clinical-trials>

<https://www.newscientist.com/article/2130702-first-timeline-of-a-cancer-tracks-tumours-from-origin-to-spread/>

REPORT FROM THE NC CENTRAL CANCER REGISTRY Melissa Pearson, CTR

The following article by RTI International was published in Breast Cancer Research and Treatment (2017) 164:429-436 and included NC CCR data in its analysis. Yet another example of your data at work and the importance of complete and accurate data!

Report: Younger women battling breast cancer face more aggressive diagnoses, and therefore, more significant treatment burden

Study highlights importance of maintaining health insurance coverage
May 03, 2017

RESEARCH TRIANGLE PARK, NC— As the nation struggles with soaring health care costs, a new report by RTI International shows that younger women diagnosed with breast cancer face a significant treatment burden. The [report](#), published in Breast Cancer Research and Treatment, estimates the cost of breast cancer among women 45 years and younger.

“Younger women diagnosed with breast cancer often face more aggressive treatment, and are therefore more vulnerable to financial hardships,” said Benjamin T. Allaire, report author and [research economist](#) at RTI. “This hardship leads some to forgo or delay necessary treatments, which may lead to immediate or future complications.”

HIGHLIGHTS

- A new report by RTI International shows that younger women diagnosed with breast cancer face a significant treatment burden
- The report, published in Breast Cancer Research and Treatment, estimates the cost of breast cancer among women 45 years and younger
- Younger women are more likely to be diagnosed with later stage cancers (Stages III and IV), and when they are, the excess costs to treat them are more than \$132,000, compared to \$124,000 for older women

Analyzing data from the North Carolina Central Cancer Registry, report authors found that with private health insurance younger women cost substantially more to treat than older women. Excess costs among women under the age of 45 enrolled in the registry for a year totaled \$97,000, while older women had excess costs of \$76,000. Younger women are more likely to be diagnosed with later stage cancers (Stages III and IV), and when they are, the excess costs to treat them are more than \$132,000, compared to \$124,000 for older women.

"Based on previous research, we knew that younger women cost more to treat than older women, but did not fully understand why," Allaire said. "Our new research reveals that it is because they are diagnosed with later stage cancers and they require more intense treatment. The magnitude of these costs underscores the importance of maintaining insurance coverage." The report concludes that more research is needed to explore the drivers of cost differences and the impact of higher costs on the quality of life for younger breast cancer survivors.

<http://www.rti.org/news/report-younger-women-battling-breast-cancer-face-more-aggressive-diagnoses-and-therefore-more>
For the complete article go to: https://link.springer.com/epdf/10.1007/s10549-017-4249-x?author_access_token=xoyjYi_X8bcBRqsZHDqPKPe4RwIQNchNByi7wbcMAY4A1tU8thWzOwa-mJ_Cng8AijxaGGKhGarxtVnKY93f35-yTdnORclCuK49JVOZk5RO6v9rJFKKe3daKGDGRSyh81UROLKQzYOqiJCG-t8RBpw==



RTI is an independent, nonprofit institute that provides research, development, and technical services to government and commercial clients worldwide. Our mission is to improve the human condition by turning knowledge into practice.



Ruth Maranda, LPN, CTR
 NC CCR Education and Training Coordinator

The NPCR designated Education and Training Coordinators for each central cancer registry had an opportunity to attend a special session on the use of Blank versus X. This webinar was presented by Donna Gress with AJCC. Below are a few highlights from this discussion:

WHAT DOES BLANK OR X MEAN IN DATA?

It answers the basic question: **Did the case meet the criteria for that stage classification?**

Before deciding whether to use X or Blank, always answer this question first. This will guide you as to whether you should use X or Blank.

Scenario	Did case meet the criteria?	Example
<p>Physician assessed the patient and the case meet criteria for the stage classification</p> <p>But...</p> <p>There was not enough information to the <u>physician</u> to determine the T and/or N category</p>	<p>YES. Use X</p> <p>If the case qualifies for the classification use X, not blank, when work-up was done but did not provide the information needed for the <u>physician</u> to assess involvement.</p>	<p>A colonoscopy was done for colon cancer but the procedure was not sufficient to determine total depth of invasion through the colon wall. No LN or Mets on other workup.</p> <p>The involvement is unknown to the PHYSICIAN because the workup did not yield sufficient findings.</p> <p>cTX cN0 cM0 cSG 99</p>
<p>Record documents that workup that met the criteria for the stage classification was done</p> <p>But...</p> <p>There is no information about the findings from that workup in the medical record</p>	<p>YES. Use Blank (use 99 for stage group)</p> <p>Blank implies the <u>abstractor</u> could not find information in medical record (even though it was known that required workup was done).</p> <p>X does not apply when the abstractor does not have access to the information. The PHYSICIAN has to determine that T, N or M could not be assessed. The physician may have known the T and N but just didn't put the information in the medical record.</p>	
<p>A resection met the pT criteria but no nodes were removed or microscopically examined.</p>	<p>YES. Use X for the pN</p> <p>Once a patient qualifies for the pathologic classification, use X, not blank, for the pathologic T and N.</p> <p>If the T category is not blank, the N category cannot be blank. The N would at least be NX.</p>	<p>Lung resection for lung cancer c/w a T2 tumor. No lymph nodes were removed. No evidence of mets on diagnostic workup.</p> <p>pT2 pNX pM(c0) pSG 99</p>
<p>The abstractor does not know if any assessment was performed</p>	<p>NO. Use Blank (may use 99 for stage group)</p>	

	Blank includes when the abstractor could not determine if the criteria for the staging classification was met.	
<p>Clinical Stage:</p> <p>Physician was unable to perform the workup necessary to assess the patient prior to treatment Therefore... Criteria was NOT met for the clinical stage classification</p>	<p>NO. Use Blank (use 99 for stage group)</p> <p>Blank implies the <u>physician</u> did not perform the necessary workup to determine the T and/or N. Therefore, case is not eligible for clinical staging.</p> <p>For the clinical stage classification: There would have been no work-up or interaction with the physician of any kind before the diagnosis (such as an incidental finding during surgery). Not common.</p>	<p>Emergency surgery for bowel obstruction finds colon cancer on bowel resection. The clinical stage for the colon cancer could not be assessed because it was not known until the time of the resection.</p> <p>cT blank cN blank cM blank cSG 99</p> <p>Bladder cancer discovered during resection for prostate cancer. The clinical stage for the bladder cancer could not be assessed because it was not known until the time of the resection. Use blank.</p> <p>cT blank cN blank cM blank cSG 99</p>
<p>Pathologic Stage:</p> <p>The surgical resection required for the pathologic stage was not done Therefore... Criteria was NOT met for the pathologic stage classification</p>	<p>NO. Use Blank (use 99 for stage group)</p> <p>Blank implies the <u>physician</u> did not perform the necessary workup to determine the T and/or N. Therefore, case is not eligible for pathologic staging.</p> <p>For the pathologic stage classification: There was NO surgical resection that met the criteria for the pathologic T.</p>	<p>Even if a node biopsy is done, it is NOT recorded in the pN because the pT is blank. The node biopsy information will be included in the cN assignment.</p> <p>Do not use pX as that indicates that the patient met the resection criteria for pathologic staging but the information is unknown to the physician.</p> <p>pT blank pN blank pM blank pSG 99</p>

Important Points for Staging Prostate and Larynx:

Prostate

- Clinical staging includes
 - Digital rectal examination of prostate
 - Histologic or cytologic **confirmation** of prostate carcinoma
 - The primary focus is whether or not the prostate tumor is clinically apparent.
- For clinically inapparent tumors (cT1):
 - The tumor could not be felt on DRE (or was not considered to be clinically apparent) and was found incidentally when a biopsy or TURP was done for other reasons. This includes an elevated PSA.
 - Note: A physician statement of cT1 indicates the tumor is clinically inapparent.
- For clinically apparent tumors (cT2):
 - The DRE is the 'gold standard' and should be used as the primary resource for assigning the clinical stage.
 - **Assign the cT based on the findings from the DRE only!**
 - Biopsies are done only to **confirm** DRE and the diagnosis.
 - Do **NOT** include the biopsy findings in your decision.
- Imaging information use
 - Stage must be documented by physician
 - Registrar cannot interpret findings to determine stage based on imaging
- TURP does not qualify for pathologic staging. The findings from the TURP are considered when determining the CLINICAL T1 category.
- pT requires total or radical prostatectomy; unless, a positive biopsy proves cancer in any of the areas of the T3 or T4 categories.

Larynx

- Staging for Larynx is based on subsite
 - There are separate table for each subsite: supraglottis, glottis or subglottis.
 - You should use the staging table based on the subsite.
- Sites without tumor location and exact subsite cannot be AJCC staged
 - C32.8 Overlapping lesion of larynx cannot be staged
 - C32.9 Larynx, NOS cannot be staged
 - Use AJCC instructions for .8 and .9 (included in errata) if determining a subsite is not possible
- **Make every attempt to determine the SUBSITE of the larynx tumor**
 - Stage by location of:
 - Bulk of tumor or
 - Epicenter of tumor
 - Code primary site to the subsite where the bulk of tumor is
 - If start and end point are given, use the mid-point (epicenter) of the tumor as the subsite
- Methods of assessment
 - Indirect mirror and direct endoscopic exams
 - Cross-sectional imaging

Do Supplements Help Prevent Cancer?

Allen D. Austin, III, BA, CTR

Quality Assurance Specialist Supervisor and Audit Coordinator

An ounce of prevention is worth a pound of cure.

Benjamin Franklin

It was with some trepidation that I decided to write about a topic that is so controversial, and yet, that I am so passionate about. If everyone ate a well-balanced diet, (avoiding processed and fast foods) with plenty of fresh fruits and vegetables, ate lean meat like fresh fish and chicken, limited their red meat consumption, exercised and drank eight glasses of water a day, then the benefit of supplements would be negligible. But how many of us do that? There is also heredity to consider, in which genes make some individuals more predisposed to developing cancer, creating a scenario in which supplements would make little difference. There are also bad habits, (like smoking and over-indulging in alcohol) in which an individual's lifestyle would make them more prone to being diagnosed with cancer. I'm also going to try to present both sides of the issue whenever possible. For instance, with no FDA overview of supplement production, you don't always know the quality or quantity stated of the supplements you are purchasing. Or, on the pro side, if you discover you are deficient in Vitamin D, you can target that deficiency by taking a Vitamin D supplement.

So, with that disclaimer, let me explore this vast multimillion dollar industry of supplements that are available, and attempt to identify which ones may have possible benefits to our health and well-being. As always, you should discuss with your physician any supplements you are planning on taking, (because some supplements may interfere or interact with prescribed medications).

Two things we're attempting to do with supplements is to consume antioxidants and anti-inflammatories. Antioxidants protect our cells against free radicals, (an example of this would be when metal is exposed to rain and begins to rust. So why not put on a coat of paint to protect the metal)? Inflammation in the body is suspected of causing our cells to divide abnormally, (which can produce cancer cells), so why not try and prevent this inflammation from occurring in the first place? Let's talk about vitamins first.

Vitamin A supports cell growth and differentiation, playing a critical role in the maintenance of the heart, lungs and kidneys. Natural supplementation with this vitamin may help prevent lung cancer, but studies have shown that high-dose beta carotene supplements have actually raised the risk of lung cancer. Good sources of vitamin A include carrots, sweet potatoes, broccoli, cantaloupe, squash, liver and fish eggs, and fortified cereals.



Vitamin B may help prevent cervical, colorectal, lung, pancreatic and breast cancer, by preventing abnormal cell division, which is the very definition of cancer cells. In lieu of a supplement, this vitamin is available in asparagus, spinach, Brussels sprouts, black-eyed peas and romaine lettuce.

Vitamin C is a water-soluble vitamin that, if you consume too much, your body just voids. But research suggests that people who get their daily quota might have a lower chance of developing lung, breast or colon cancer because of its immune-boosting properties. Red peppers are a good source as well as citrus fruits, strawberries or broccoli.

Vitamin D (which is actually a hormone) is produced naturally by the body with exposure of the skin to sunlight, (75% skin exposure for 10 - 20 minutes of mid-day sun should provide 10,000 IUs), but during the winter months there may be a deficiency. Geography may also be a factor when researchers noted that people in southern latitudes showed lower rates of colorectal, breast, prostate and pancreatic cancer. Since vitamin D is fat-soluble, you must be careful about taking supplements because you can build up a level in your body that approaches toxicity. Milk and orange juice fortified with vitamin D, fatty fish like salmon and tuna, and the incredible edible egg, should help meet your daily intake levels if not a supplement.

Vitamin E is an antioxidant, (as are vitamins A and C) and a powerful immune system booster that repairs damage to cells that occurs over time from unstable molecules called free radicals. Whereas some research has shown that vitamin E may prevent prostate cancer, other studies have found that vitamin E supplements may actually increase men's odds of developing this disease. Food sources of this nutrient are sweet potatoes, spinach, avocados, almonds, peanut butter, and sunflower seeds. Okay, now let's look at some supplements other than vitamins which may protect us against cancer.

Fish oil (omega 3) supplements have been shown to provide more benefits than eating oily fish, (salmon, sardines, trout and herring), because it occurs daily and is dose-controlled. It's important for reducing chronic inflammation which is a precursor of cancer. (Flaxseed oil may be substituted for vegetarians). Consumption of this supplement may help in the prevention of breast, colon, liver and prostate cancer.



Resveratrol is a powerful antioxidant classified as a polyphenol, which is a nutrient known to help prevent illnesses found in the skin of red grapes. But before you grab that bottle of red wine, understand that it doesn't contain enough resveratrol to be effective. There's only 12.5 mg per liter, so you would have to consume 40 liters daily to get the required 500 mg. It has been shown to provide anti-aging benefits by protecting the mitochondria of our cells from free-radical damage. Mitochondria are the generators within each cell of our body that's needed to fuel every day metabolic functions. Resveratrol is also important because it's been shown to activate tumor suppressor genes, increasing the rate of apoptosis, (normal programmed cell death). This supplement may help prevent breast, skin, liver, colon, prostate and pancreatic cancer.

Coenzyme Q10 is an antioxidant that boosts the immune system. COQ10 is a coenzyme which helps an enzyme (protein) do its job which is to speed up the rate of natural chemical reactions within the cells. It is used for cell growth and to protect cells from damage. If you are taking a statin for elevated cholesterol, it may be robbing your cells of COQ10, so a supplement may increase your energy level. Use of this coenzyme may decrease the risk of melanoma, breast and thyroid cancer.

Curcumin (Turmeric root) is a type of spice which has antioxidant, anti-inflammatory and antimicrobial properties. It contains over 300 bio-active compounds. Early studies have shown it stops the spread of melanoma cells. It may help prevent breast, lung, stomach, liver and colon cancer, but may interfere with chemotherapy for breast cancer. (Doctors claim that curcumin has been shown to be universally helpful against any type of cancer).



Probiotics produce beneficial bacteria in the intestinal tract that helps metabolize nutrients. The “good bacteria” are major elements in the immune system. They suppress bacteria that convert carcinogenic molecules into carcinogens, decrease enzymes implicated in the development of carcinoids, and bind to carcinoids promoting their excretion. Probiotics are in yogurt and sauerkraut and, if taken as a supplement, it should contain one billion colony-forming units (CFU). Use of probiotics may protect against lymphoma, breast and colon cancer.

Green Tea contains chemicals called polyphenols that act as antioxidants and anti-inflammatories. Green tea may help against the harmful effects of UV B radiation. The EGCG (epigallocatechin-3-gallate), think catechin, in the green tea may act to keep cancer cells from growing, by lowering levels of a protein called Cyclin D1 and other proteins which tumors need to proliferate. Angiogenesis is the process of new blood vessels growing to help supply a tumor, but EGCG may prevent this process from happening. Drinking green tea may help prevent cancer in the skin, digestive system, esophagus, bladder, lung, ovaries, blood, prostate and possibly breast.



So, do supplements help prevent cancer? Even researchers don't have the definitive answer to that question. But look at it this way. Let's say you make every effort to be a good driver, but you don't have any automobile insurance. With all the potential and unexpected dangers that exist on the highways, how safe are you going to feel driving uninsured for the rest of your life? So, does taking supplements offer some insurance against cancer? The jury is still out; so you be the judge. Even though the answer isn't clearly defined, having a little extra insurance might come in handy down the road.

NOMINATING COMMITTEE

Angela Rodriguez, CTR

ANCCR needs at least two candidates per office, please submit your name and profile.
ANCCR needs you! Contact Angela at arodriguez@certicoderegistry.com.

2017 Officer Candidate Profiles:

For President:

NAME: Kelley A Lowrance

CREDENTIALS: RHIT, CTR

CURRENT INSTITUTION: Novant Health Presbyterian Medical Center

PHONE (WORK): (704) 384-5949

CURRENT TITLE: Manager, Cancer Data Services

- ANCCR/NCRA HISTORY:

- 2016 – Present Vice President of ANCCR

- 2014 – 2016 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

- JOB EXPERIENCE:

- 2009 – Present Manager, 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

OTHER PROFESSIONAL HISTORY/EDUCATION/ACCOLADES:

- 2005 Received Outstanding Achievement Award, Gaston Memorial Hospital

For Vice President:

NAME: Linda L. Lucas

CREDENTIALS: CTR

CURRENT INSTITUTION: Novant Health Forsyth Medical Center

WORK ADDRESS: 3333 Silas Creek Parkway, Tumor Registry Box 19, W-S, NC 27103

PHONE (HOME): 336-766-2809

CURRENT TITLE: Tumor Registrar/ CTR

ANCCR/NCRA HISTORY:

- ANCCR member since 2001

- ANCCR Secretary 2014-2016

- NCRA member since 2004

JOB EXPERIENCE/ OTHER PROFESSIONAL HISTORY/EDUCATION/ACCOLADES:

- Carilion Roanoke Memorial Hospital, 1987-1998 Radiation Oncology

- Department Secretary Patient Scheduler/ Front Office Team Leader 1998-2000 Tumor Registry and Breast Center

- Abstracting and Tumor Board duties/ Breast Center Clerical Support

- Novant Health Forsyth Medical Center, 2000 to Present

For Secretary:

NAME: Kim W. Greene

CREDENTIALS: RHIT, CTR

CURRENT INSTITUTION: Novant Health- Forsyth Medical Center

WORK EMAIL ADDRESS: 3333 Silas Creek Pkwy, Box 19, Winston-Salem, NC 27103

PHONE (WORK): 336-391-3782

CURRENT TITLE: Cancer Registrar

ANCCR/NCRA HISTORY:

- ANCCR Education Chair 2008 – 2013,
- ANCCR Secretary 2016-2017

JOB EXPERIENCE/ OTHER PROFESSIONAL HISTORY/EDUCATION/ACCOLADES:

- May 2005- Graduated from the Health Information Management Program at DCCC.
- May 2005- Began working full-time for Novant Health-Forsyth Medical Center.
- August 2005- attended the ANCCR Basic Training Program in Asheville, NC.
- 2006- Received my RHIT (Registered Health Information Technician) credentials.
- September 2007- Received CTR credentials.
- Assisted in facilitating the NAACCR CTR Prep Webinar Series at NH Forsyth Medical Center for CTR candidates to attend and train for the CTR exam.
- 2009- Member of the ANCCR CTR Mentoring/Prep Committee.
- Fall 2009 – Current - Adjunct faculty for the Cancer Information Management program at Davidson County Community College.

For Treasurer:

NAME: Jenny Konrad

CREDENTIALS: CTR, B.S.

CURRENT INSTITUTION: Wakemed Health & Hospitals

WORK ADDRESS: 3000 New Bern Ave, Raleigh, NC 27610

CURRENT TITLE: Lead Tumor Registrar

ANCCR/NCRA HISTORY:

- ANCCR Membership Only
- NCRA Membership Only

JOB EXPERIENCE/ OTHER PROFESSIONAL HISTORY/EDUCATION/ACCOLADES:

- Physician Assistant >30 years
- Phlebotomist >30 years
- Medical Transcriptionist >20 years
- Office Administrator for a variety of medical offices
- Medical field >35 years

EDUCATIONAL SCHOLARSHIP

Inez Inman, BS, RHIT, CTR

This year's scholarship theme is "The Future of Auto Populating the Cancer Registry Database, and How It Will Affect the Cancer Registry Profession".

There are more and more sources that now can auto populate many fields in the cancer registry abstract for casefinding, follow up and even other key fields such as staging, and some diagnostic information. This information can greatly aid in productivity for the registry staff, but there could also be some negative points. Please discuss the advantages and disadvantages

and how this affects productivity, staffing needs, management resources and how you this this affecting the future of cancer registries.

ANCCR has designated funding for an educational scholarship for an ANCCR member to attend the ANCCR annual educational meeting in September 2017 in Flat Rock.

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 2017 topic.

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

Inez Inman, Cancer Registry
Wake Forest Baptist Medical Center
Medical Center Blvd.
Winston-Salem, NC 27157

Deadline is Thursday, August 31, 2017. The winning essay may be reprinted in The Sentinel following the ANCCR annual educational meeting.

2017 Education Scholarship Essay

“The Future of Auto Populating the Cancer Registry Database, and How It Will Affect the Cancer Registry Profession”

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 Concord without this funding.

Signature:

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

Manager, supervisor, director's signature: _____