

The Sentinel

The Newsletter for the Association of North Carolina Cancer Registrars

Summer 2018

Message from the President: Kelly A. Lowrance, RHIT, CTR

Call me crazy but I LOVE the summertime!! Fun in the sun with family and friends, vacation, and some relaxation in the sun - Bring it on!!

In May, I had the honor of representing ANCCR at the NCRA 44th Annual Education Conference in New Orleans, LA. It was so nice seeing the few North Carolina registrars that I did see. As we all know, there are a lot of changes coming our way as we start abstracting 2018 cases. And the changes to the changes to the changes are never ending. I encourage everyone to take a deep breath and just go with the flow. It is going to be a learning transition for all of us so stay calm and think positive.

At the NCRA Conference, I had the honor and privilege of sitting at a table with Melanie Rogan and some of her peers to celebrate and watch as Melanie received the NCRA 2018 Distinguished Member Award.



Congratulations Melanie!!

Don't forget that the ANCCR Fall meeting is being held at Carolina Beach this year from September 12th – 14th. Hotel and registration information is on the ANCCR website. The meeting brochure has been sent out as well. I look forward to seeing everyone in September!!

**Have a fun and safe summer
and don't forget your sunscreen!!**



ANCCR's Executive Board 2017-2018

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NCRA Liaison	Angela Rodriguez, CTR	arodriguez@certicoderegistry.com
NC CCR Liaison	Melissa Pearson, CTR	Melissa.pearson@dhhs.nc.gov

Upcoming Annual Educational Conferences

ANCCR Educational Conference

September 12-14, 2018 – Carolina Beach, NC

Reminder to everyone attending: Please book your hotel room NOW

Twenty rooms need to be booked before an additional block of rooms can be opened up

September 2019 – Concord, NC

NCRA Educational Conference

2019 – May 19-22, Sheraton Denver Downtown Hotel, Denver, CO

2020 - May 31-June 3, Orlando, FL

2021 - April 14-17, Indianapolis, IN

2022 - April 6-9, Washington, DC

MEMBERSHIP
Vickie Gill, RHIA, CTR

There are 113 ANCCR members as of 5/29/18.

TREASURER'S REPORT
Jenny Konrad, CTR

Net Worth (as of 04/30/2018)

Accounts	Balance
First Citizens Checking	17124.22
First Citizens Savings I	61.75
First Citizens Savings II (MMA)	21591.19
Total assets	<hr/> 38777.16
Expenses	
Deborah Grady - Mileage Reimbursement	75.6
Jenny Konrad - Federal Tax Return	39.95
Bank Fees	5.00
Total Expenses	<hr/> 120.55
Deposits	
Incoming Membership Fee Checks	325.00
	<hr/> 325.00
Ending Balance (Checking)	17124.22

EDUCATION REPORT

Kimberly Swing, CTR and Karen Knight, CTR

Educational Opportunities:

NAACCR Monthly Webinar Series - <http://www.ncregistrars.com/>

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. Archived NAACCR webinars are worth 3 CE credits each

NAACCR Special Webinars on 2018 Changes - <https://www.naaccr.org/2018-implementation/#Education>

View recordings of the NAACCR Webinars on the new Grade and Radiation Coding rules

NAACCR Talks - <https://education.naaccr.org/freewebinars>

NAACCR Talks are free webinars on topics of concern to the NAACCR membership. View recordings of the live webinars for no charge.

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

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

NCRA Registry Resources and Informational Abstracts -

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

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

NCRA Case Studies - <http://www.ncra-usa.org/About/Store/Store-Professional-Resources>

Practice Assigning AJCC TNM Stage. Two sets of answers are included. One using the 7th Edition; the second using the 8th Edition along with the rationale for the correct 8th Edition answers. Member Price: \$89.00 Non-Member Price: \$145.00.

SEER Educate - <https://educate.fhcrc.org/>

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

AJCC 7th Edition:

View recordings of the live webinars for no charge. CE hours were not pre-approved for these webinars. Viewing these webinars will give you a strong foundation for going into the 8th Edition.

7th Edition Webinars - <https://cancerstaging.org/CSE/Registrar/Pages/Seventh-Edition-Webinars.aspx>

Disease Site Webinars - <https://cancerstaging.org/CSE/Registrar/Pages/Disease-Site-Webinars.aspx>

AJCC Curriculum - <https://cancerstaging.org/CSE/Registrar/Pages/AJCC-Curriculum.aspx>

Registrar's Guide to Chapter - <https://cancerstaging.org/CSE/Registrar/Pages/Presentations.aspx>

AJCC TNM Category Options - <https://cancerstaging.org/CSE/Registrar/Pages/Presentations.aspx>

AJCC 8th Edition Webinars **(NEW AND FREE)**:

<https://cancerstaging.org/CSE/Registrar/Pages/8thEditionWebinars.aspx>

Register to participate in the live webinars on the AJCC website. Later, view recordings of the live webinars. Each 1-hour webinar meets the requirement for 1 Category A CE.

Upcoming AJCC 8th Edition webinars:

Head and Neck Staging, Wednesday, July 25, 2018, 12pm-1 pm

Breast Staging, Thursday, September 6, 2018, 12pm-1pm

ANCCR purchased subscriptions to the NAACCR Cancer Registry & Surveillance Webinar Series - <http://www.ncregistrars.com/>

NAACCR will present a different webinar every month. 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 a recording of the webinar will be available to ANCCR members on the ANCCR website, as soon as it is available each month.

Upcoming NAACCR webinars (9:00am – 12:00pm):

6/7/18 Collecting Cancer Data: Thyroid and Adrenal Gland

7/12/18 Hospital Cancer Registry Operations – Topic TBD

8/2/18 Multiple Primary and Histology Rules

9/6/18 Coding Pitfalls

ANCCR Host Sites:

- Wake Forest Baptist Medical Center, Winston-Salem, NC
Contact: Jenean Burris: jbarris@wakehealth.edu
- Carolinas Medical Center, Charlotte, NC
Contact: Paige Tedder paige.tedder@carolinashealthcare.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

Coding, Staging and Abstracting Resources:

- AJCC 8th Edition Errata (includes many corrections!) - <https://cancerstaging.org/references-tools/deskreferences/Pages/default.aspx>
- ICD-O-3 Online version - <http://codes.iarc.fr/codegroup/2>
 - ICD-O-3 2018 new coding guidelines found at <https://www.naacr.org/implementation-guidelines/#ICDO3>
- SEER Summary Stage 2018 - <https://seer.cancer.gov/tools/ssm/2018-Summary-Stage-Manual.pdf>
- SEER Casefinding Lists (updated for 2018) - <https://seer.cancer.gov/tools/casefinding/>
- SEER RX <https://seer.cancer.gov/seertools/seerrx/>
 - SEER*Rx has a new look and improved search engine!
- SEER*RSA - <https://staging.seer.cancer.gov/>
 - SEER Registrar Staging Assistant website can be used to code EOD, Summary stage, SSDI's and TMN data
- SEER Hematopoietic and Lymphoid Neoplasm Database (updated for 2018) - <https://seer.cancer.gov/seertools/hemelymph/>
- SEER Multiple Primaries and Histology Rules (New name for 2018 is "The Solid Tumor Rules") - <https://seer.cancer.gov/tools/solidtumor/>
- 2018 Site Specific Data Items (SSDI/GRADE) - <https://apps.naacr.org/ssdi/list/>

Still to be released:

- FORDS (New name for 2018 is STORE - STandards for Oncology Registry Entry). Rumor at NCRA conference is that this will be released in mid-June
- NC CCR CCARM - Will be released once all other changes have been released

Davidson County Community College

The program will admit the next cohort in Fall 2018 with students on track to graduate Spring 2020. This means that students will be taking the first year of courses this upcoming school year (2018-2019) and we'll be looking for clinical sites for them in Fall 2019, with a planned start date of January 2019. We will have a better idea on enrollment numbers in August, but right now, we have 10 students claiming a spot and they represent 4 states. We have been working with NCRA to offer some of the required 160 hours of clinical online. We currently can offer 53 of those hours online and NCRA is working to identify how we can move more online. Feedback from around the US is that it is very difficult to place students in shrinking registries and schools are unwilling to send students to employee's homes...you can imagine that's a liability for us!

Thank you again for supporting our program!

SOMETHING NEW TO REVIEW



<https://www.urotoday.com/recent-abstracts/urologic-oncology/prostate-cancer/104154-changing-incidence-of-metastatic-prostate-cancer-by-race-and-age-1988-2015.html>

<http://www.wkyt.com/content/news/Lexington-firefighters-show-support-for-federal-Firefighter-Cancer-Registry-Act-482415171.html>

<http://www.theplainsman.com/article/2018/05/with-20-cases-of-ocular-melanoma-with-ties-to-auburn-confirmed-survivors-say-its-time-to-fund-research>

<https://www.nytimes.com/2018/05/21/health/medical-records-cancer.html>

<https://content.govdelivery.com/accounts/USNIHNCI/bulletins/1eda88b>

NC Advisory Committee on Cancer Coordination and Control (A4C) Report Kathy Foote, CTR

On 5/4/18 I attended my first Subcommittee & Partners Meeting in the morning and the Business Meeting in the afternoon. I will be attending an Orientation that has yet to be scheduled.

Highlights from the meetings:

Upcoming Events:

- Saturday, June 9, 2018 9:30am – 12:30pm “Engaging Primary Care and Family Practice Doctors in Oncology and Patient-centered Cancer Care Symposium” at Catawba Valley Medical Center, Hickory, NC. Registration \$25.
- Friday, June 22, 2018 8:30am – 2:30pm NCONA Annual Conference “Advancing Patient Navigation in Challenging Times” at the William and Ida Friday Center for Continuing Education, UNCCH, Chapel Hill. Program fee \$10. CEs 4.75. Lunch included.

To complement “*A Call to Action*” *North Carolina Comprehensive Cancer Control Plan 2014-2020* (www.tinyurl.com/nccancerplan), the NCA4C has published “Reducing the Burden of Cancer in North Carolina: A Data and Resource Guide for Communities to Fight Cancer”.

NC4AC approved:

- Letter of support to Senate for House Bill 206, “NC Cancer Treatment Fairness Act”. Passed by the house with strong support and provides equal coverage for IV and new oral chemotherapies.
- Care4Carolina in support of the coalition to close the health care insurance gap in North Carolina affecting approximately 340K individuals 63% representing working families that have no health care insurance options.
- NC4AC Colon Cancer Screening Recommendation as a guidance tool available to practitioners. This will be posted to the NCA4C website under Cancer Branch.

American Cancer Society (ACS) Legislative priorities:

- ACS CAN recommends evidence-based tobacco control strategies.
- ACS CAN supports access to meaningful, affordable health care coverage,
- ACS CAN supports improving the quality of life for North Carolinian’s through palliative care.

Subcommittee Reports:

- Early Detection – surveyed local health departments concluded lack of resources; offering webinar series on Lung with Vidant as part of the Cancer Initiative.
- Prevention – reviewed behavior risk factors, HPV, cervical cancer and lung cancer; spoke at USPA Radon meeting in Asheville on awareness and impact on Lung cancer.
- Care – worked on logistics of upcoming event on June 9th at CVMC in Hickory (see above)
- Legislative – bills (see above)

NCCCR Report:

- Goals of Cancer Registry for 2017-22 include 90% timeliness of cancer reports received; 95% completeness of cancer reporting for 24-month period; 90% completeness for 12-month period; 3% or fewer cases derived from death certificates; <=1/1,000 duplicate records; <=2% missing sex, age, county; <=3% missing race; electronic transmission of cancer reports from 100% hospitals, 100% non-hospital facilities; >=75% urologists/dermatologists/gastroenterologists; >=90% medical oncologists/radiation oncologists/hematologists.
- New Funding Cycle (2017-2022) through CDC’s Cooperative Agreement is renewed every year based on the performance and meeting the grant requirements. This funding supports 11 FTEs and CCR operations.

Next meeting schedule for Friday, November 2, 2018

REPORT FROM THE NC CENTRAL CANCER REGISTRY

Melissa Pearson, CTR

Staffing Changes:

Please join me in welcoming Tamara Tippit as our new Physician Office Coordinator. Tamara will be continuing the work of recruiting physician offices for reporting.

We still have 2 QC Specialist positions and 2 Statistician positions vacant. Position vacancies are posted on the NC Job Posting website at: <https://www.nc.gov/jobs>.

The NC CCR has been designated a CDC-NPCR **REGISTRY OF EXCELLENCE** for 2017!

For the fourth year in a row, the NC CCR has received the HIGHEST recognition from the CDC-National Program of Cancer Registries for meeting the standards for Data Completeness and Quality. The NC CCR has been a Registry of Excellence (6 years) or a Registry of Distinction (2 years) for the past 8 years.

Meeting these standards means that our data will be included in the *United States Cancer Statistics* (USCS) report and other analytic data sets. This also means that the residents of NC will hopefully benefit in the long run from research and studies conducted using this data.

Of the 50 state cancer registries, *our registry is one of only 16 other state cancer registries to achieve this recognition* for the most recent data submission, indicating the high-quality data available for cancer prevention and control activities at the local, regional and national levels.



CDC National Program of Cancer Registries Awards/Recognition Criteria		
Registry of Excellence	Registry of Distinction	Registry for Surveillance
Advanced Data Quality and Completeness (12-month data 90% complete)		
National Data Quality and Completeness (24-month data 95% complete)	National Data Quality and Completeness (24-month data 95% complete)	
USCS Publication Standard	USCS Publication Standard	USCS Publication Standard

The achievement of NPCR Standards exemplifies the progress achieved in creating a national system of cancer surveillance. We commend all who are involved in the collection, analysis, and reporting of cancer incidence and mortality data. State-level data can be used to plan and evaluate cancer control programs, conduct research, and monitor cancer trends. Each central cancer registry is crucial to the success of cancer surveillance in the United States. Many advances in cancer surveillance in the United States would have been impossible without the tireless efforts and many achievements of these organizations.

In addition...The NC CCR was awarded **GOLD CERTIFICATION** by NAACCR for its 2015 data!

Cancer registries that meet the Gold Standard for Registry Certification have achieved the highest NAACCR standard for complete, accurate, and timely data to calculate standard incidence statistics for the year reviewed. NAACCR began the certification program in 1999 (1996 data) and the NC CCR has been awarded gold or silver certification since 2000 (1997 data) and has received GOLD certification for the past 9 years in a row!



Thank you again for your tireless efforts in reporting high quality data that is complete and submitted in a timely matter! We could not meet this goals without YOU!



As we learn more about the 2018 changes, we are also learning more and more about other changes being made in other areas of cancer reporting. Here are two hot topics that have surfaced:

Is LCIS of the Breast reportable in 2018?

We are still hearing some confusion about whether LCIS is still reportable. Many are convinced that because AJCC dropped LCIS from the list of applicable histology codes that it is no longer reportable.

Answer: LCIS of the breast IS STILL REPORTABLE in 2018!!

AJCC does not determine what cases are required to be reported. The CoC and the Central Cancer Registry (under the guidelines provided by CDC NPCR) determine what cases are to be reported. After you determine if the case is reportable to the CoC or NC CCR, *then* use your AJCC manual to determine if the case can be staged.

What is the primary site when head and/or neck nodes are involved and a specific Head and Neck site cannot be determined? C14.8 or C76.0?

Answer: It depends on the year of diagnosis. Effective with cases diagnosed 1/1/2018 and after, the correct primary site is now C76.0!

C14.8 versus C76.0?

For cases diagnosed 1/1/2017 and BEFORE, the correct primary site is still C14.8! Cases diagnosed in 2017 or earlier are not to be changed/corrected to C76.0. Leave as C14.8.

There is a new chapter in the AJCC 8th Edition and SS2018 manuals for situations when there are positive cervical nodes (head and neck nodes), however, the primary tumor is not known (occult tumor) and the primary tumor is presumed to be from the head and neck region (primary sites C00-C14, C30-32). This chapter does NOT apply to those cases where the exact primary site is known or suspected.

To code these cases correctly and to allow your software to display the correct staging schemas, the Schema Discriminator must be coded. To get to this schema discriminator, assign C760 (head and neck, NOS) when there is a **suspected head and neck tumor** yet the primary site is not known.

Sources:

- AJCC Cancer Staging Manual, 8th Edition: Chapter 6, page 67: Cervical Lymph Nodes and Unknown Primary Tumors of Head and Neck
- 2018 SSDI Manual, page 38, Schema Discriminator 1: Occult Head and Neck Lymph Nodes
- SS2018 Manual, page 40: Cervical Lymph Nodes and Unknown Primary Tumors of Head and Neck
- NAACCR Webinar May 2018, Collecting Cancer Data - Directly Coded Stage: Slide 12
- NAACCR Webinar May 2018, Collecting Cancer Data - Directly Coded Stage: QnA

NAACCR Webinar QnA:

Q: We have a client in a SEER state & for 2018 cases she has instructed Suspected H&N primary with cervical lymph node mets to be coded C14.8. She tells them not to code to C76.0. This scenario has been addressed in 2018 & we are instructed to code primary site to C76.0. What do you suggest they do?

A: You might tell her the software won't allow her assign stage or the SSDI's if she instructs folks to code incorrectly.

Q: Regarding using C76.0: For re-coding audits, does this go into effect in 2018 or should we change cases from previous years?

A: The rule applies to cases diagnosed 2018 and forward. Good question.

North Carolina Central Cancer Registry: Re-Coding Audits
Dianna Stucky, BS, CTR
NC CCR QC Supervisor/Audit Coordinator

Coding Histology for Thyroid Primaries

I recently conducted an audit on thyroid primaries and found some consistent errors in the coding of histology. The audit included all thyroid cases in the CCR database (1995-2017) - over 26,000! Of these, over 500 cases had an incorrect histology based on the text. Several thyroid histology audits have been carried out in the past. While the majority of current errors were in cases with a Date of Diagnosis of 2012-2017, these were also common errors identified and corrected in earlier audits as well meaning that these coding errors are continuing to occur.

And, keeping 2018 changes in mind as well, there are few additional steps to remember when coding histology. Fortunately, the rules for the two common errors discussed below have not changed for thyroid, so the discussion applies to cases with any year of diagnosis.

IMPORTANT STEPS FOR CODING HISTOLOGY IN 2018 (NAACCR Webinar: June 2018 Thyroid):

1. Check the 2018 ICD-O-3 Update Table FIRST to determine if the histology is listed.
 - a. <https://www.naacr.org/implementation-guidelines/#ICDO3>
2. If the histology is not included in the update, then review the ICD-O-3 and/or Hematopoietic and Lymphoid Database and/or Solid Tumor (MP/H) rules.

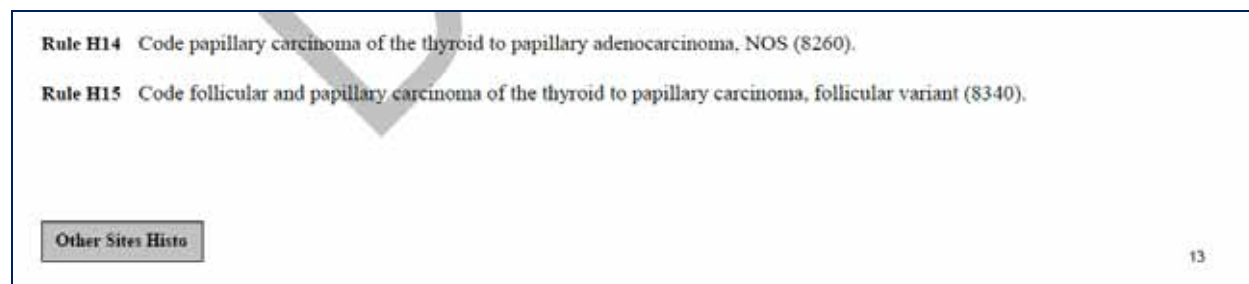
The two biggest histology coding errors were:
Papillary Carcinoma and Papillary Microcarcinoma/Micropapillary Carcinoma

Papillary Carcinoma: The correct histology is 8260/3.

There were 127 cases incorrectly coded to 8050/3 Papillary carcinoma, NOS.

1. 2018 ICD-O-3 Update Table: While there are several entries for papillary carcinoma, none apply specifically to papillary carcinoma of the thyroid, so we will review the Solid Tumor rules.
2. 2018 Solid Tumor Coding Manual (Other Sites): It is important to read and follow the rules in order until you reach the first rule that applies to your case. Rule H14 clearly states that Papillary Carcinoma of the Thyroid should be coded to 8260.

Note: There are no changes in this rule between the 2007 MP/H Manual and the 2018 Solid Tumor Coding Manual. Below is a screen shot from the 2018 Solid Tumor Coding Manual.



Papillary Microcarcinoma/Micropapillary Carcinoma: The correct histology is 8260/3.

There were 130 cases found to be incorrectly coded to 8341/3 Micropapillary carcinoma.

1. 2018 ICD-O-3 Update Table: While there are several entries for micropapillary carcinoma, none apply specifically to the thyroid, so we will review the Solid Tumor rules.
2. 2018 Solid Tumor Coding Manual (Other Sites): You will not find a specific rule on how to code this. So, not everyone would know about this instruction unless you happened to attend the NAACCR webinar where this was discussed or just happened on it by querying the SEER Inquiry System (SINQ) AND remembered it! To help you better understand why this particular histology is coded as 8260/3, here is what I found in SINQ:

SEER inquiry system #20150023: Per the WHO Tumors of Endocrine Organs, for thyroid primaries/cancer only, the term micropapillary does not refer to a specific histologic type. It means that the

papillary portion of the tumor is minimal or occult (1cm or less in diameter) and was found incidentally. WHO does not recognize the code 8341 and classifies papillary microcarcinoma of the thyroid as a variant of papillary thyroid and thereby should be coded to 8260. If the primary is thyroid and the pathology states papillary microcarcinoma or micropapillary carcinoma, code 8260 is correct.

SINQ 'Ask a SEER Registrar' is an excellent resource for tricky histology questions, especially if what you are looking for is not found in the MP/H manual or the ICD-O-3 Manual. The website is: <https://seer.cancer.gov/seerinqury/index.php>. You can search for existing answers to previous questions and if you cannot find your exact question/answer you are looking for, you can easily submit one. They are pretty responsive, and in my experience, I had an answer within a couple of weeks or sooner.

New ICD-O-3 Histology Terms and Codes for Thyroid:

And, while we are talking about histology for thyroid, there are 7 new terms and 1 new code for thyroid in the 2018 ICD-O-3 Update Table: <https://www.naaccr.org/implementation-guidelines/#ICDO3>

Status	Histology Value	Behavior	Label	Reportable	Comments
New term & code	8339	3	Follicular thyroid carcinoma (FTC), encapsulated angoinvasive (C73.9)	Y	
New term	8343	2	Non-invasive EFVPTC (C73.9)	Y	Cases diagnosed 1/1/2017 forward
New term	8343	2	Non-invasive encapsulated follicular variant of papillary thyroid carcinoma (non-invasive EFVPTC) (C73.9)	Y	Cases diagnosed 1/1/2017 forward
New term	8343	2	Non-invasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP) (C73.9)	Y	Cases diagnosed 1/1/2017 forward
New term	8343	2	Non-invasive FTP (C73.9)	Y	Cases diagnosed 1/1/2017 forward
New term	8343	3	Encapsulated follicular variant of papillary thyroid carcinoma, NOS (EFVPTC, NOS) (C73.9)	Y	Cases diagnosed 1/1/2017 forward
New term	8343	3	Invasive encapsulated follicular variant of papillary thyroid carcinoma (invasive EFVPTC) (C73.9)	Y	Cases diagnosed 1/1/2017 forward

The following article in the August 2016 issue of JAMA Oncology discusses some of the treatment issues related to EFVPTC if you are interested in learning more about these cancers.

Nomenclature Revision for Encapsulated Follicular Variant of Papillary Thyroid Carcinoma: A Paradigm Shift to Reduce Overtreatment of Indolent Tumors
<https://jamanetwork.com/journals/jamaoncology/fullarticle/2513250>

BYLAWS

Adaline Brown, RHIT, CCS, CTR

The ANCCR Executive and Bylaws Committee met several times over the last several months to review and propose amendments to the bylaws to bring us more in line with NCRA and what is currently happening within our association. The Proposed Bylaws Amendments are below for your review and consideration prior to the ANCCR Business Meeting September 12, 2018 at 4:30 pm.

All members have access to the complete set of bylaws under the members section on the ANCCR website at: <https://ncregistrars.com/content/bylaws>.

The current Bylaws wording for the section being amended is listed and labeled as "Current Bylaw." Following the current bylaws, the Proposed Bylaw Amendment is listed with deleted words indicated with a strike-through and added words will be underlined. This will be followed by the rationale for the change.

Proposed Bylaws Amendments to be considered and voted on at the 2018 Annual Business Meeting

Proposed Bylaws Amendment 1: Article III, Section 3, Forfeiture

Current: If the dues for the Current Bylaw year are not received by the Membership Chair of the Association by December 1st, membership shall be forfeited. The membership Chair will notify the member in writing with a copy to the President.

Proposed Amendment: If the dues for the Current Bylaw year are not received by the Membership Chair of the Association and postmarked by December ~~4th~~ 31st, membership shall be forfeited.

Rationale: *The Proposed Bylaw amendment is supported by the executive committee due to no letters being sent out in the past few years that their membership is being forfeited if the dues weren't received by December 1. To bring us more in line with other organizations the due date for membership dues will change from December 1 to December 31.*

Proposed Bylaws Amendment 2: Article III, Section 4, Reinstatement

Current: A former member, whose membership has been forfeited, shall be reinstated upon payment of the Current Bylaw year's dues plus an additional reinstatement fee, and resubmission of application.

Proposed: Delete Article III. Section 4. Reinstatement. A former member, whose membership has been forfeited, shall be reinstated upon payment of the Current Bylaw year's dues plus an additional reinstatement fee, and resubmission of application

Rationale: *The proposed bylaws amendment is supported by the executive committee due to no late fees being assessed to membership in last few years if they pay after the deadline. All members are encouraged to get their membership dues in prior to December 31st each year to continue being a member in good standing.*

Proposed Bylaws Amendments 3: Article III, Section 5, Dues under #1

Current: The annual dues are \$25 per year for active members, \$15 per year for associate members, \$50 per year for sustaining members, due on December 1.

Proposed Amendment: The annual dues are \$25 per year for active members, \$15 per year for associate members, \$50 per year for sustaining members, due on December ~~4~~ 31st of each year.

Rationale: *The proposed bylaws amendment is supported by the executive board to bring us in line with other organizations such as NCRA with all dues and membership timeframes running the same dates for membership and dues. This will help members to redo their membership for all organizations at the same time.*

Proposed Bylaws Amendments 4: Article III, Section 5, Dues under #2

Current: Dues to cover the period December 1 through November 30 shall be payable on December 1 of each year.

Proposed Amendment: Dues to cover the period ~~December 4~~ January 1 through December ~~4~~ 31 of each year.

Rationale: *The proposed bylaws amendment is supported by the executive board to bring us in line with other organizations such as NCRA with all dues and membership timeframes running the same dates for*

membership and dues. This will help members to redo their membership for all organizations at the same time.

Proposed Bylaws Amendment 5: Article IV, Section 3, Nomination

Current: The Nominating Committee shall make nominations from a list of eligible members.

Proposed Amendment: The Nominating Committee shall make nominations from a list of eligible members. Members in good standing will have option to write-in a candidate on electronic and/or absentee paper voting.

Rationale: *The proposed bylaws amendment gives members an option to nominate another member if they feel somebody else would be a better fit for the respective nomination on the ballot other than the one(s) on the ballot for president, vice-president, secretary and treasurer. The write-in nominee would still have to meet the eligibility requirements for the respective area of which they are being nominated. For more information on the eligibility to become an officer of the association see Article IV. Officers Section 2. Eligibility in the bylaws.*

Proposed Bylaws Amendment 6: Article IV, Officers Section 4, Election under #6

Current: Electees shall assume office following their installation.

Proposed Amendment: Electees shall assume office following their installation. If an elected officer is unable to attend the installation meeting in person, they may assume their office by phone call if available at the installation meeting. If unable to attend in-person or by phone call within one week of the annual meeting, the officer will be installed either by e-mail or phone call by the nominating chair.

Rationale: *The Proposed Bylaw Amendment to the officers assuming office following their installation is supported by the executive board. The proposal is necessary to help avoid any confusion on how the officers will be installed if they are unable to attend the annual meeting.*

Proposed bylaws amendment 7: Article IV, Section 8, Duties of the Officers under #2

Current: The vice president assumes the duties of president in her/his absence, completes the unexpired term of the president in the event of vacancy, assists the president in carrying out her/his duties, chairs the program committee and works with the host hospital or other host organization in preparation for and arrangement of all programs, and is responsible for the update of the Procedure Manual.

Proposed Amendment: The vice-president assumes the duties of president in her/his absence, completes the unexpired term of the president in the event of vacancy, assists the president in carrying out her/his duties, ~~chairs~~ assist the program committee and works with the host hospital or other host organizations in preparation for and arrangement of all programs.

Rationale: *The Proposed bylaws amendment is supported by the executive committee since this is what the vice-president is currently doing. There is a standing program committee chair.*

Proposed bylaws amendment 8: Article VII, Committees, Section 1, Provision for Committees

Current: The Executive Board, by resolution, may provide for such standing or special committees of two (2) or more persons, as it deems desirable, and discontinue the same at pleasure. Each such committee shall have such powers and perform such duties, not inconsistent with law, as may be assigned to it by the Executive Board. Except as otherwise directed by the Executive Board, the president shall appoint the chair of all standing or special committees from among the active members who have been active members for at least one full year and each chair shall then choose the members of the chair's committee from the active and associate members.

Proposed Amendment: The Executive Board, by resolution, may provide for such standing or special committees of ~~two (2)~~ one (1) or more persons, as it deems desirable, and discontinue the same at pleasure. Each such committee shall have such powers and perform such duties, not inconsistent with law, as may be assigned to it by the Executive Board. Except as otherwise directed by the Executive Board, the president shall appoint the chair of all standing or special committees from among the active members who have been active members for at least one full year and each chair shall then choose the members of the chair's committee from the active and associate members.

Rationale: *The following Proposed Bylaw Amendment is supported by the executive committee since it will more closely mirror what is happening with the standing committees. For the past few years, only one person has been on most standing committees for the past few years.*

NOMINATING COMMITTEE

Angela Rodriguez, CTR

The following are the nominations for the ANCCR Board of Directors Elected Officers for 2019:

PRESIDENT CANDIDATE PROFILE - Kelly A. Lowrance, RHIT, CTR

CURRENT INSTITUTION: Novant Health Presbyterian Medical Center

WORK EMAIL ADDRESS: 200 Hawthorne Lane, Charlotte, NC 28233

PHONE (WORK): 704-384-5949

CURRENT TITLE: Manager, Cancer Data Services

ANCCR/NCRA HISTORY:

2017 – Present	President of ANCCR
2016 – 2017	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

PRESIDENT CANDIDATE PROFILE - Paige Tedder, RHIT, CTR

CURRENT INSTITUTION: Atrium Healthcare (Formerly Carolinas Healthcare)

WORK EMAIL ADDRESS: Paige.Tedder@atriumhealth.org

PHONE (WORK): 704-355-7051

CURRENT TITLE: Director, Cancer Data Services

JOB EXPERIENCE/OTHER PROFESSIONAL HISTORY/EDUCATION/ACCOLADES:

1995 – 1998	Medical Records Coder, Iredell Memorial Hospital
1998 – 2005	Certified Tumor Registrar, Northeast Medical Center
2005 – 2010	Cancer Data Services Network Coordinator, Carolinas Medical Center
2010 – 2014	Supervisor Cancer Data Services, Carolinas Healthcare
2014 – Present	Director Cancer Data Services, Atrium Health (Formerly Carolinas Healthcare)

ANCCR/NCRA HISTORY:

1998 – Present	ANCCR Member
2004 – Present	ANCCR Chair of Grants and Vendors
2016	Host Hospital - NC/SC Cancer Registrars Regional Meeting Concord NC

VICE-PRESIDENT CANDIDATE PROFILE - Linda L Lucas, CTR

CURRENT INSTITUTION: Novant Health Forsyth Medical Center
WORK EMAIL ADDRESS: llucas@novanthealth.org
PHONE (WORK): 336-766-2809
CURRENT TITLE: Tumor Registrar/ CTR

JOB EXPERIENCE/OTHER PROFESSIONAL HISTORY/EDUCATION/ACCOLADES:

Carilion Roanoke Memorial Hospital
1987 – 1998 Radiation Oncology
1998 – 2000 Tumor Registry and Breast Center
2000 – Present Novant Health Forsyth Medical Center

ANCCR/NCRA HISTORY:

ANCCR Member since 2001
ANCCR Secretary 2014-2015, 2015-2016
ANCCR Vice-President 2017-2018
NCRA Member since 2004

VICE-PRESIDENT CANDIDATE PROFILE - Angela Nicole Rodriguez, CTR

CURRENT INSTITUTION: Certicode, LLC
WORK EMAIL ADDRESS: arodriguez@certicoderegistry.com
PHONE (WORK): 336-546-7895
CURRENT TITLE: Facility Coordinator/ Data Quality Manager

ANCCR/NCRA HISTORY:

2013 Certified Tumor Registrar (CTR)
2013 Association of North Carolina Cancer Registrars-Current Active Member
2013 National Cancer Registrars Association-Current Active Member
2015 National Cancer Registrars Association-Membership Chair
2015 Consultant and Reviewer for Cancer Registry Support link: hitnots.com
2016 Association of North Carolina Cancer Registrars- Nominating Chair
2017 National Cancer Registrars Association- NCRW Committee Member
2017 Association of North Carolina Cancer Registrars- NCRA Liaison

AWARDS:

2015 National Cancer Registrars Association Outstanding New Professional Award

SECRETARY CANDIDATE PROFILE - Barbara Maria Ball, RHIT, CTR

CURRENT INSTITUTION: Certicode
WORK EMAIL ADDRESS: bball@certicoderegistry.com
PHONE (WORK): (828) 244-3866
CURRENT TITLE: Cancer Registry Specialist

JOB EXPERIENCE/OTHER PROFESSIONAL HISTORY/EDUCATION/ACCOLADES:

Worked on site Registry at Catawba Valley Medical Center 1/2016 – 5/2017
Worked remotely 5/2017 – Present
Associates Degree in Applied Science in Health Information Technology (RHIT) at Catawba Valley Community College
On the job training for CTR
Was a CNA for 17 years
Work with Rotary / Interact
Was a member of AHIMA several years
Been through 16 CMS Surveys and 1 Federal Survey

ANCCR/NCRA HISTORY:

Member since 2016

SECRETARY CANDIDATE PROFILE - Jessica Leigh Rollings, CTR

CURRENT INSTITUTION: Certicode, LLC
WORK EMAIL ADDRESS: jessica.rollings@certicoderegistry.com
PHONE (WORK): 910-262-1607
CURRENT TITLE: Cancer Registry Data Quality Coordinator

JOB EXPERIENCE/OTHER PROFESSIONAL HISTORY/EDUCATION/ACCOLADES:

- Project Manager for two COC special studies on treatment options involving lung, GI, and prostate cancers with Patient-Centered Outcomes Research Institute (PCORI)
- Employed with Certicode as Data Quality Coordinator. Facilitates COC and QOPI accredited programs
- Passionate about cancer analytics

ANCCR/NCRA HISTORY:

2014-15, 2017-present

TREASURER CANDIDATE PROFILE - Jenny Konrad, CTR, BS

CURRENT INSTITUTION: WakeMed
WORK EMAIL ADDRESS: jkonrad@wakemed.org
PHONE (WORK): 919-909-8995
CURRENT TITLE: Lead CTR

JOB EXPERIENCE/ OTHER PROFESSIONAL HISTORY/EDUCATION/ACCOLADES:

P.A. (German residency)
Lead CTR for past 8 years at WakeMed
CTR for past 11 years at WakeMed
Contract CTR for numerous hospitals within the U.S.

ANCCR/NCRA HISTORY:

active member
Treasurer for 2017/2018

TREASURER CANDIDATE PROFILE - Christine Marie Smith, CTR

CURRENT INSTITUTION: Electronic Registry Systems
WORK EMAIL ADDRESS: csmith@mycrstar.com
PHONE (WORK): 910-579-3737
CURRENT TITLE: Registry Support Services

JOB EXPERIENCE/ OTHER PROFESSIONAL HISTORY/EDUCATION/ACCOLADES:

2004 Associates in Health Information Management, Brunswick Community College.
2004-2006: New Hanover Regional Medical Center, Wilmington NC. Outpatient Coder
2006-2017 New Hanover Regional Medical Center, Wilmington, NC: Cancer Registry
Commendations in 3 surveys, State and NCDB submissions, training new hires.

ANCCR/NCRA HISTORY:

ANCCR Member since (approx.) 2008
NCRA Member since 2007

EDUCATIONAL SCHOLARSHIP
Inez Inman, BS, RHIT, CTR

"Big Picture Thinking: Tell Us How You as an Individual and ANCCR as an Organization Need to See the Big Picture to Plan for the Future"

ANCCR has designated funding for an educational scholarship for an ANCCR member to attend the ANCCR annual educational meeting in September 2018 at Carolina Beach.

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 2018 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 Friday, August 31, 2018. The winning essay may be reprinted in The Sentinel following the ANCCR annual educational meeting.

2018 Education Scholarship Essay

"Big Picture Thinking: Tell Us How You as an Individual and ANCCR as an Organization Need to See the Big Picture to Plan for the Future"

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: _____