

The Sentinel

The Newsletter for the Association of North Carolina Cancer Registrars

Summer 2023

Message from the President: Angela Rodriguez, CTR

To My Fellow ANCCR Members-

It is hard to believe that it is already July. I hope you all are enjoying this warm weather and getting time to spend with your families this summer.

I was able to attend the 49th annual NCRA Conference in San Diego, California. I appreciate the opportunity to get out and network in person. I was also able to take in a west coast sunset, which I highly recommend you experience if you have not already.

Mark your calendars for October 23-24, 2023, at the Shell Island Resort in Wrightsville Beach. All rooms are oceanfront condominiums! Information is posted on our website with all the specifics.

Membership dues can now be paid online. Please go to <https://ncregistrars.com> to pay those dues so you have access to the NAACCR webinars, job postings, and any important announcements.

If anyone is interested in volunteering, please let me know. We would love to see fresh faces and have fresh ideas on our committee boards. Please email me if you would like information on any of the committees we have.

Please send nominations for board officer positions to Isaiah Zipple at Isaiah.Zipple@unchealth.unc.edu.

During my tenure, if you have any questions or concerns, please feel free to email me at president@anccr.onmicrosoft.com.

Angela Rodriguez

ANCCR's Executive Board 2022-2023

Office	Name	Email
President	Angela Rodriguez, CTR	angela.rodriguez@adventhealth.com
Immediate Past President	Amy Arnold, BA, CTR	aarnold@mycrstar.com
Vice President	Cathy Rimmer, BA, MDiv, CTR	ccrimmer@novanthealth.org
Secretary	Carol Brown, CTR	carol.brown@unchealth.unc.edu
Treasurer	Laura Alberti, CTR	lsalberti@novanthealth.org
Committee	Name	Email
Bylaws	Adaline Brown, RHIT, CCS, CTR	abrown@q-centrix.com
Education	Kimberly Swing, CTR	kimberly.swing@duke.edu
Educational Scholarship	Inez Inman, BS, RHIT, CTR	iinman@wakehealth.edu
ANCCR Resource Manual	Melissa Pearson, CTR	melissa.pearson@dhhs.nc.gov
Facebook Administrator	Angela Rodriguez, CTR	angela.rodriguez@adventhealth.com
Grants & Vendors	Jonathon Rakestraw, BS, CTR	jrakestraw@mycrstar.com
Historian	Deborah Poovey, CTR	dpoovey7@gmail.com
Membership	Jenean Burris, RHIT, CTR	jburris@wakehealth.edu
Nominating	Isaiah Zipple, CTR	isaiah.zipple@unchealth.unc.edu
Program Director	Kelly Lowrance-Shaw, RHIT, CTR Paige Tedder, RHIT, CTR	kalowrance@novanthealth.org paige.tedder@atriumhealth.com
Publications	Inez Inman, BS, RHIT, CTR	iinman@wakehealth.edu
Web Site Coordinator	Cathy Rimmer, BA, MDiv, CTR	ccrimmer@novanthealth.org
Ways & Means	Kisha Raynor, CTR Kim Maloney Bobbitt, BS, CTR	kisha.raynor@carolinashealthcare.org KM0180@novanthealth.org
Liaisons	Name	Email
A4C Liaison	Deanna Gibson, CTR	deanna.gibson@mercy.net
NCRA Liaison	Angela Rodriguez, CTR	angela.rodriguez@adventhealth.com
NC CCR Liaison	Melissa Pearson, CTR	melissa.pearson@dhhs.nc.gov
ANCCR Resource Manual	Melissa Pearson, CTR	melissa.pearson@dhhs.nc.gov

Upcoming Annual Educational Conferences

ANCCR Educational Fall Meeting / In person & virtual

2023 – October 23-24, Shell Island Resort, 2700 N Lumina Ave.

Wrightsville Beach, NC

Room rates: \$129.99 plus tax, Oct 22-24

Two queens or one king, 1.5 baths, living room, kitchenette,

And ocean front balcony.

Registration fee/in person: \$175 for members, \$200 non-members

Registration fee/virtual: \$75 for members, \$100 non-members

NCRA Educational Conference

2024 – Indianapolis, IN

TREASURER REPORT
Laura Alberti, CTR

ANCCR 2023 Second Quarter Treasurer Report

Beginning Balance 04/01/2023:

Checking:	\$37,315.80
Money Market:	\$21,636.44
Total	\$58,952.24

Deposits:

Membership Dues Income April-June	\$497.91
2023 Fall Conference Vendor Registration	\$0.00
2023 Fall Conference Registration	\$620.00
Bank Interest Earned	\$5.40
Website Job Posting	\$0.00

Expenses:

Education Scholarship Reimbursement	\$1,432.74
Software Fees	\$162.00 Microsoft & Quickbooks
Bank Statement Charges	\$122.39

Total Deposits Checking	\$1,117.91
Total Deposits Money Market	\$5.40
Total Expenses Checking	\$1,717.13
Total Expenses Money Market	\$0.00

Ending Balance 06/30/2023:

Checking:	\$36,716.58
Money Market:	\$21,641.84
Total	\$58,358.42

MEMBERSHIP
Jenean Burris, RHIT, CTR



As of 7/11/23, we have 182 members!

WEBSITE REPORT

Cathy Rimmer, BA, CTR

Continue to cross check with Membership on people attempting to login to the Members Only site.

Will post additional information for the Fall Meeting as it becomes available.

WAYS AND MEANS

Kimberly Maloney-Bobbitt, BS, CTR

Asking for donations for the ANCCR Fall Meeting. Kimberly is willing to pick up donations locally.

BYLAWS REPORT

Adaline Brown, RHIT, CCS, CTR

Proposed bylaw changes for 2023

1st proposed change

ARTICLE IV

Officers

Section 2. Eligibility (under number 2.)

Current: To be eligible to serve as President, the active member must be a CTR and shall have previously held an office.

Proposed change: To be eligible to serve as President, the active members must be a CTR and shall have previously **served on the Board as a committee member or held an office.**

Rationale for change: The change will give a lot more members to be able to run for the president of our organization.

2nd proposed change

ARTICLE IV

Officers

Current: Section 6. Terms of office. The president, vice president and secretary shall be elected for a term of one (1) year. Treasurer shall be elected for term of two (2) years.

Proposed change: Section 6. Terms of office. The president, vice president and secretary shall be elected for a term of one (1) year. Treasurer shall be elected for term of **three (3) years with the option to be elected for a second consecutive term.**

Rationale for change: Due to the all the changes that are required when a new treasurer is elected not only getting names changed at the bank but with all the reporting rules for the IRS in addition to learning how to balance the books, etc once a new treasurers is elected it will help that particular person be more knowledgeable and fully understand all the changes before teaching someone else.

NOMINATING COMMITTEE

Isaiah Zipple, CTR



ANCCR is searching for volunteers. Please consider nominating yourself or another member for one of the following positions:

President
Vice President
Secretary
Treasurer

Get involved, grow in your profession, show your skills, and have fun at the same time!

Contact Isaiah Zipple at isaiah.zipple@unchealth.unc.edu

ANCCR Officer Duties:

President:

- 1-year term with one re-election opportunity
- Facilitate quarterly ANCCR meetings
- Publishes article in each Sentinel newsletter
- Liaison between NCRA and NCCR

Vice President:

- 1-year term with one re-election opportunity
- Assumes duties of President in his/her absence
- Chairs the Program Committee

Secretary:

- 1-year term with one re-election opportunity
- Constructs agenda for ANCCR meetings
- Records attendance and minutes at each ANCCR meeting

Treasurer:

- 3-year term with one re-election opportunity
- Utilizes QuickBooks for record keeping
- Custodian of funds, securities, and financial records of association

A4C Liaison
Deanna Gibson, CTR

A4C Business Meeting met virtually on Friday, May 19th

2020-2025 Cancer Plan Goals and Strategic Actions

Goal 1 Reduce cancer risks by supporting health behavior change in North Carolinians.
Goal 2 Increase cancer screening and early detection of cancer.
Goal 3 Improve access to cancer care, enhance care coordination and quality treatment.
Goal 4 Improve the knowledge and understanding of cancer, cancer care and the relationship between cancer and other chronic disease among health-care professional and the general public.

Priority Cancer Sites

Lung, Colorectal, Female Breast, Prostate, Cervical and Melanoma

Presentations

Advancing Cancer Health Equity at the Frontiers of Transformative Medicine – Dr. Tomi Akinyemiju
Carolina Cancer Screening Initiative – Evidence Generation in Partnership with North Carolina Communities – Dr. Dan Reuland

Breast Cancer Position Statement – Approved - In January 2016, the US Preventive Services Task Force (USPSTF) released updated recommendations for breast cancer screening. Revisions began in January 2021. The released their draft screening recommendations, released in May 2023, lower the age from 50 to 40 years old. Including the following:

The NC Advisory Committee on Cancer Coordination and Control (NC ACCCC) endorses the following breast cancer screening recommendations:

- Women ages 40 to 74 should receive mammography screening every one to two years.
- Women ages 40 to 49 should be counseled regarding the risks and benefits of screening, including the mortality benefit and the potential risks of false positives and benign biopsies in this age group.
- Women ages 75 and older should be counseling regarding the risks and benefits of screening, including the potential risk of over diagnosis in this age group.
- All individuals (including females, males, nonbinary, transgender individuals, etc.) should
- participate in shared decision-making with their healthcare providers, discussing individual preferences and factors affecting risks and benefits.
- Because of conflicting opinion on the utility of clinical breast exam (CBE) and breast self-exam (BSE), the Advisory Committee recommends that woman be educated about the potential benefits and harms of clinical breast exam (CBE) and breast self-exam (BSE)
- Digital breast tomosynthesis or 3D mammography was added to list of approved codes for NC BCCCP in November 2016. The Advisory Committee makes no recommendation regarding its use for primary screening or as an adjunct to mammography for routine screening, but that women with dense breasts or determined to be higher risk should discuss potential benefits of 3D imaging with their health care provider.

Because decisions regarding screening need to be individualized, these recommendations should not be used as justification for insurers making decisions regarding denial of coverage for

mammography screening in any age group.

The NC ACCCC recommends that scientific evidence related to breast cancer screening be re-examined in five years (2027). If, however, compelling evidence regarding screening becomes available before the scheduled review, the NC ACCCC recommends immediate review of the current position statement.

General Session – Subcommittee Report Out/Updates

Prevention – Kearston Ingraham, Ronny Bell

- **Purpose** – Provide guidance to impact healthy behaviors through promotion & education, policies and environmental changes that can reduce North Carolinian’s cancer risk
- **Priority Areas:** Tobacco, Environmental Exposures, Behavioral Risk Factor/Obesity, Health Equity
- **2023 Melanoma & Skin Cancer Awareness Month Toolkit**
 - o Available on website

Early Detection – Jenni Danai, Vicky Fowler

- **Purpose** - Promote & encourage healthcare teams, communities, and individuals to adopt cancer screenings guidelines and recommendations of the NC Advisory Committee on Cancer Coordination and Control; and increase proportions of North Carolinians screened for cancer.
- **Duke Cancer Institute – Men’s Health Screening – June 3rd – June 4th**
 - [LINK TO DUKE ARTICLE](#)
- **American Cancer Society – HPV Best Practices and Highlights from the Field – June 7, 2023**
 - The American Cancer Society is hosting a virtual HPV vaccination education learning series through 2023. The first session, “**HPV Vaccination Best Practices and Highlights from the Field**” will feature the latest information, highlights from peer organizations, best practices, and implementation strategies to increase vaccination rates, address the benefits of initiating the HPV vaccine at age 9 and share updated tools and resources. As we gear up for summer and back to school season, the first session will equip partners with timely information.
- **Lung Cancer Initiative – Survivor’s Day Celebration – June 11th**
 - In honor of National Cancer Survivors’ Day we are taking the opportunity to celebrate lung cancer survivors.
- **Lung Cancer Initiative Community Education – Thursday, May 25, 2023- McKimmon Center, Raleigh**

- Free education luncheon – partnered with NC State & UNC chapters of the American Lung Cancer Screening Initiative for education and information regarding lung cancer screening.
- **NC Immunization Coalition – Where you Live Matters – HPV Related Cancers and Prevention in the US Webinar – June 15th**

Care & Treatment – Dan Carrizosa, Shannon Pointer

- **Purpose** – Provide guidance on ways to improve access to care, enhance care coordination and assure quality treatment for all cancer patients and their families
- 2022-2023 Subcommittee Goal, Interventions, and Strategies – Improve the knowledge, understanding and delivery of cancer supportive care among health care professionals in rural North Carolina (Relates to NC Cancer Plan Goal 4)
- **News Flash – June 2023 edition**
 - o Information on upcoming training opportunities, cancer care resources, and treatment best practices. Supports the efforts to reduce effects of cancer outlined in the “North Carolina Comprehensive Cancer Control ACTION Plan 2020-2025”.
 - o List various in-person training & webinar, and online learning opportunities.
 - o Attached in email

Legislation – Jim Martin

- **Purpose** - The Legislation and Education Subcommittee is made up of legislators, advisory members, and cancer control partners, who assist in providing guidance and support in obtaining policy/legislation passage and funding for cancer control in North Carolina. The subcommittee reviews all NC State legislation regarding cancer and its risk factors to determine which issues to bring to the full Advisory Committee in the form of proposed recommendations. The subcommittee also serves as a reviewer for the other subcommittees regarding policy, system, and environmental changes.
- JUUL Funding for NC \$13M 2021, \$8M 2022 NR
- T21 Support & Retailer Permitting System update –
 - o Policy Priority for DHHS and Mental Health- multiple partners inc. Law Enforcement and ABC Stores. No regulatory authority over Vapes and retailing. Need to match age of 21 for sale of tobacco to Federal regulations. Jim Martin to send 3 one pagers with facts. ACCCC needs to show this as a policy priority as well. 3 NCI's to have a joint support letter of support from ACCCC

Medicaid Expansion
Close Health Insurance Coverage Gap Rule

BCCCP \$1.5 million recurring appropriations approved in appropriations bill

EDUCATION REPORT Kimberly Swing, CTR

Educational Opportunities:

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 - <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

SEER Educate - <https://educate.fredhutch.org/LandingPage.aspx>
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

NCRA's Mini-Learning Shorts- Great guide for new registrars-
<http://www.cancerregistryeducation.org/best-practices?fbclid=IwAR1bfhzNf844uTRZKbhelHvK0G2MSBumllQH0o4K1hYqe46BmmmXPrnIVfY> and
<http://www.cancerregistryeducation.org/introduction-to-the-cancer-registry>

<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.

Tumor Talk- sign up to receive webinar invitations presented by Omega Healthcare, formerly Himagine Solutions at [Events & Webinars - Omega Healthcare \(omegahms.com\)](#) Tumor Tips at [News & Blog - Omega Healthcare \(omegahms.com\)](#)

Registry Partner's Coding Break- Educational presentations on YouTube created by Registry Partners <https://www.youtube.com/channel/UCFePdWVva8gfosv7jL11tyQ>

American College of Surgeon's Commission on Cancer Webinars-
<https://www.facs.org/quality-programs/cancer/events> , Free courses: [Courses | American College of Surgeons | Online Learning \(facs.org\)](#), Registrar's guide to Updating Radiation Data items- [Registrar's Guide to Updating Radiation Data Items | American College of Surgeons | Online Learning \(facs.org\)](#)

CAnswer Forum LIVE Webinar: [CAnswer Forum LIVE | ACS \(facs.org\)](#) 1 CE hour awarded

ACOS- Cancer Program Calendar- [The Latest from Cancer Programs | ACS \(facs.org\)](#)

AJCC:

View recordings of the live webinars for no charge.

8th Edition Webinars- [AJCC 8th Edition Webinars \(facs.org\)](#)
AJCC Version 9 Webinar- [AJCC Version 9 Webinars \(facs.org\)](#)

AJCC Curriculum for Registrars- [AJCC Curriculum for Registrars \(facs.org\)](http://www.facs.org)



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

NC State Cancer Registry purchased a subscription to the NAACCR Cancer Registry & Surveillance Webinar Series. Each webinar is three hours (3 CE's) and 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.

NAACCR webinar schedule:

8/3/23 Melanoma 2023

9/7/23 Coding Pitfalls 2023

Coding, Staging and Abstracting Resources:

***Online version of IDC-O-3** -[IACR - International Classification of Diseases for Oncology \(ICD-O\)](http://www.facs.org), [ICD O 3 Coding Updates \(naaccr.org\)](http://www.naacr.org)

***SEER 2023 updated case finding list**- [Casefinding Lists - SEER \(cancer.gov\)](http://www.cancer.gov)

***SEER RX**- <https://seer.cancer.gov/seertools/seerrx/>

***SEER*RSA**- <https://staging.seer.cancer.gov/>

***SEER Training**- [Cancer Registrar Training - SEER Registrars](http://www.facs.org)

* **EOD General Coding Instructions**- [Extent of Disease \(EOD\) 2018 General Instructions \(cancer.gov\)](http://www.cancer.gov)

***Ask a SEER Registrar**- <https://seer.cancer.gov/registrars/contact.html>

***Cancer Forum**- <http://cancerbulletin.facs.org/forums/help>, also see ask the pathologist Cancer Forum

***Hematopoietic and Lymphoid Neoplasm Database**- [Hematopoietic Project - SEER Registrars \(cancer.gov\)](http://www.facs.org)

***Solid Tumor Rules 2023**- [2023 Solid Tumor Rules \(cancer.gov\)](http://www.cancer.gov)

***NAACCR- Site specific data items (SSDI/GRADE)**- [Schemas | SSDI Data | \(naaccr.org\)](http://www.naacr.org)

***NAACCR- Version 23 Reference page**-[Version 23 Reference Page - NAACCR](http://www.naacr.org)

***STORE**- Updated, effective for cases dx 1/1/2023 [store-manual-2023.pdf \(facs.org\)](http://www.facs.org)

***AJCC- Errata for 8th edition AJCC Updates and Corrections** ([facs.org](http://www.facs.org)) also on Amazon- [Version 9 of the AJCC Cancer Staging System \(4 book series\) Kindle Edition \(amazon.com\)](http://www.amazon.com)

***Informational Abstracts**- <http://www.cancerregistryeducation.org/rr>

***NCI Cancer Types**- <https://www.cancer.gov/types>

***CTR Guide to Coding XRT**- Revised Guide 2022- [case-studies-for-coding-radiation-treatment-v4-0-20220509104726.pdf \(facs.org\)](http://www.facs.org)

***NCDB- The Corner Store**- <https://www.facs.org/quality-programs/cancer/news>

***NCDB- Call For Data**- [NCDB Call for Data | ACS \(facs.org\)](http://www.facs.org)

***American College of Surgeons**- Subscribe to the newsletter *The Brief* at <http://multibriefs.com/optin.php?ACSORG> or view articles at <http://multibriefs.com/briefs/ACSORG/index.php>

***SEER Program Coding and Staging Manual 2023**- [SEER Program Coding and Staging Manual \(cancer.gov\)](http://www.cancer.gov)

* **SEER Abstracting Tool**- <https://seer.cancer.gov/seerabs/>

***SEER COVID 19 Abstraction Guideline-** <https://seer.cancer.gov/tools/covid-19/COVID-19-Abstraction-Guidance.pdf>

***NCCN Guidelines-** https://www.nccn.org/guidelines/category_1

***2020 COC Standards- updated 2/2023-** [Optimal_Resources_for_Cancer_Care_Feb_2023.pdf \(facs.org\)](#)

***US Cancer Statistics Data Visualizations tool-** [USCS Data Visualizations - CDC](#)

***Summary stage 2018- version 2.1-** [Summary Stage 2018 - SEER \(cancer.gov\)](#)

***Cancer Registry World Podcast-** [series hosted by Dr Frederick Greene- Cancer Registry World on Apple Podcasts](#)



- Tumor tip from Omega Healthcare: Code Scope of Regional Lymph Node Surgery- regardless of results [Tumor Tip of the Week- 06-02-2023 Code Scope of Regional Lymph Node Surgery-regardless of results - Omega Healthcare \(omegahms.com\)](#)
 - Tumor tip from Omega Healthcare: What to do with those Needle biopsies-Revised- [Tumor Tip of the Week-07-07-2023 What to do with those Needle biopsies-Revised - Omega Healthcare \(omegahms.com\)](#)
 - How Fatty Liver Disease Helps Cancer Thrive in the Liver- [How Fatty Liver Disease Helps Cancer Thrive in the Liver - NCI](#)
 - Fecal transplants show promise in improving melanoma treatment- [Fecal transplants show promise in improving melanoma treatment -- ScienceDaily](#)
 - Time to Stop the 'Victory Bell' at End of Cancer Treatment?- [Time to Stop the 'Victory Bell' at End of Cancer Treatment? \(medscape.com\)](#)
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REPORT FROM THE NC CENTRAL CANCER REGISTRY Melissa Pearson, CTR

AWARDS for Submission of Data

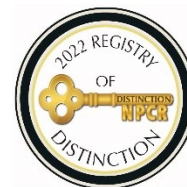
The NC CCR submitted **1,339,224 records for 1995-2020 in the 2022 Call for Data.**
The NC CCR received the **HIGHEST** category of recognition in every category!

CDC-NPCR REGISTRY OF DISTINCTION

The NC CCR has received the HIGHEST recognition awarded from the CDC National Program of Cancer Registries for meeting the standards for Data Completeness and Quality since the awards program began in 2010 (with 2007 data). The NC CCR has been a Registry of Excellence (8 years) or a Registry of Distinction (6 years) for all **14** years.

Note: For the 6 years designated as Registry of Distinction, the Registry of Excellence recognition was suspended due to delayed implementation of Collaborative Stage in 2010 and 2011, v18 in 2018, and COVID in 2020-2022.

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 benefit from research and studies conducted using this data.



NAACCR GOLD CERTIFICATION 15 YEARS IN A ROW!

The NC CCR has been awarded **GOLD CERTIFICATION** again! 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 and the NC CCR has been awarded Gold (18 years) or Silver (6 years) certification since 2000 and has received GOLD certification for the past **15** years in a row!



NAACCR FITNESS FOR USE RECOGNITION

NAACCR implemented the Fitness for Use for Survival & Prevalence Recognition in 2020 for registries that met the inclusion requirements for the *CiNA Survival* and *CiNA Prevalence* Volumes of the CiNA Monograph and the related *CiNA Survival* research dataset. The NC CCR has received this recognition every year through its linkages with the National Death Index, the Social Security Death Index and the NC Death File to obtain vital status and cause of death data.

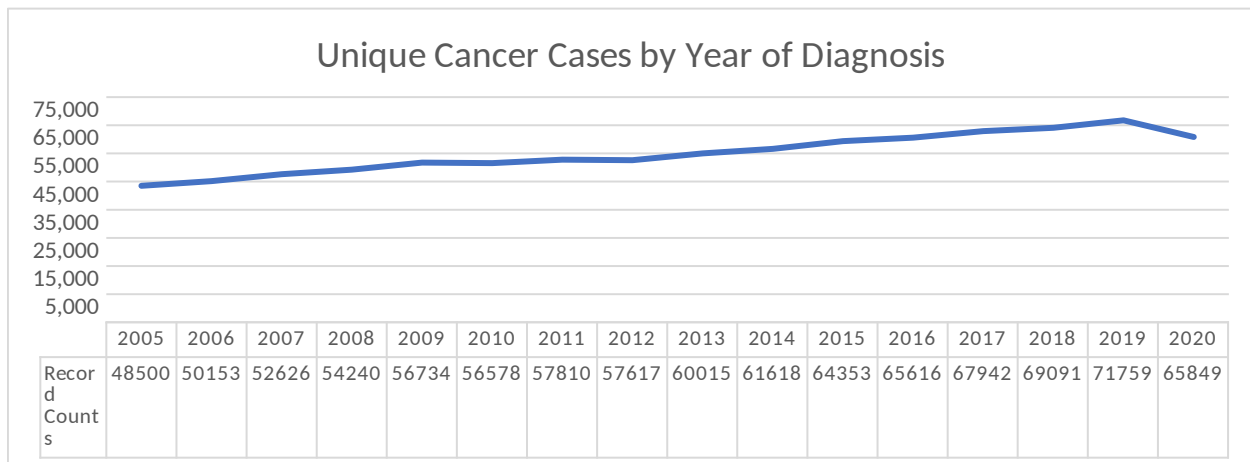


Thank You!

The NC CCR not only met but exceeded the national data quality standards required for the submission. Thanks to everyone for your continued efforts to ensure that we submit high quality, complete & timely data.

Impact of COVID on case reporting:

The graph below shows the number of unique cancer cases by year of diagnosis. The impact of COVID on case reporting for 2020 is still evident. This decrease was seen across many central registries. We are still monitoring these case counts. 2021 diagnoses will be evaluated in the November 2023 submission. We are very interested to see if these case counts return to normal or are higher than usual to compensate for the decrease in 2020.



Senators Kelly and Tillis Introduce Bipartisan Bill to Improve Reporting of Veterans' Cancer Cases

June 2023: Senator Mark Kelly (AZ) and Senator Thom Tillis (NC) introduced the **Counting Veterans' Cancer Act**, a bipartisan legislation that would ensure veterans' cancer cases are fully accounted for in national cancer registries. Under current reporting laws, **it is estimated that each year, tens of thousands of cancer cases among veterans are missed by central registries that form the foundation of national cancer research.** The *Veterans' Cancer Act* would **require** Veterans' Health Administration facilities to share cancer data with **state cancer registries**, which would guarantee their inclusion in the national registries.

This has been a long-time coming and finally we are seeing some hopeful action! Every group, at every level (NCRA, NPCR, NAACCR, SEER and state CCR's), have been working for many years to improve reporting from VA's. Cancer registrars here in NC also directly contributed to this effort to help garner legislative support! ANCCR sent a letter directly to Senator Thom Tillis requesting support of the bill. The NC CCR met with NCRA to discuss the climate of VA reporting in NC and provided estimates on the number of missed cases from not receiving full reporting by all VA's in NC.

Why is it so hard to get cases from the VA's (and Department of Defense facilities, too)?
Bottom line: Government = Paperwork and red tape!!

There are four VA health centers in NC (Asheville, Durham, Fayetteville, and Salisbury). Due to authoritative differences between federal and state laws, VA's are not subject to the state mandate for reporting. As a result, CCR's must continually renew complex and difficult to obtain Data Use Agreements (DUA). We can't have a blanket DUA that covers all VA's in NC. We must have one with each individual VA who has different personnel responsible for authorizing the DUA. These must be renewed frequently and often includes changes in authorizing personnel... and the list of barriers goes on and on.

It is important to point out that cancer registrars working in these VA cancer registries WANT to send their data to the state CCR; however, these obstacles contribute greatly to their inability to do so. One important thing this bill will do is remove the requirement for the DUA's. We are crossing our fingers that this bill will provide a simpler and more reliable path for sharing VA data with state CCR's.

To read more about the bill, go to: <https://www.kelly.senate.gov/newsroom/press-releases/senators-kelly-tillis-introduce-bipartisan-bill-to-improve-reporting-of-veterans-cancer-cases>

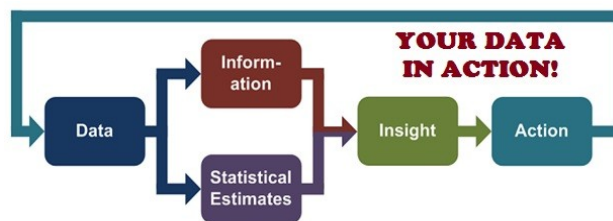
Better O/I data in the medical record = Better O/I data in the abstract

Your data is at work again! The NC CCR has partnered with the NC DPH Occupational and Environmental Epidemiology (OEE) Branch to improve Occupation and Industry (O/I) data in cancer data.

NC CCR data shows that approximately 64% of cancer cases do not contain O/I data.

Compared to coding primary site, histology, stage and treatment, recording O/I in the abstract seems minor. However, studies looking at certain types of cancer often begin with the patient's demographic makeup. This includes O/I data. Age, race, gender, address at diagnosis, and occupation are equally important components in developing a plan of action to reduce the burden of cancer. The following outlines a few of the nationwide initiatives that the NC CCR has contributed data to (the data YOU report to the CCR) and the impact your data has had.

One of the earliest reports of occupational cancer was by Percival Pott in 1775. Pott attributed an excess incidence of squamous cell carcinoma of the scrotum among young chimney sweeps in London to soot. Later studies confirmed that the chemical agents in soot, polycyclic aromatic hydrocarbons, particularly benzo-(a)-pyrene, were responsible for those scrotal cancers. Since then, increased concern regarding the association between the workplace and cancer has prompted innumerable investigations to determine whether the cases of cancer may have a common cause or may be the coincidental occurrence of unrelated causes.



The NC CCR has contributed data to many studies including those to identify and evaluate environmental and workplace exposures that may be associated with cancer risk. Two such studies with widely published research are the Agricultural Health Study and the World Trade Center Health Program.

The Agricultural Health Study (AHS) is a prospective study of cancer and other health outcomes in a cohort of licensed pesticide applicators and their spouses from Iowa and North Carolina. The AHS began in 1993 with the goal of answering important questions about how agricultural, lifestyle and genetic factors affect the health of farming populations. The AHS is a collaborative effort to explain the health risks posed by exposure to agricultural pesticides and other potential hazards of farm work. More than 89,000 farmers and their spouses in Iowa and North Carolina have participated in the study. AHS research has led to more than 200 papers in peer reviewed scientific literature focusing on cancer, reproductive health, respiratory health, neurological disease, diabetes, thyroid disease, autoimmune diseases, and mortality among other topics. In May 2003, the first publication of cancer findings from the AHS appeared. The paper focused on prostate cancer and revealed a slightly increased risk for prostate cancer associated with the use of the fumigant methyl bromide.

The World Trade Center (WTC) Health Program is administered by the National Institute for Occupational Safety and Health (NIOSH) and provides medical monitoring and treatment for responders at the World Trade Center 9/11 disaster and related sites. In addition, the World Trade Center Health Registry (WTCHR) provides an avenue for long-term research on individuals who self-identified as being exposed to the 9/11 disaster. The WTCHR published two cancer surveillance reports in 2012 and 2016. Each report obtained linked cancer data from eleven state cancer registries, including the North Carolina CCR, comprising 91% of all enrollees living in these states during the follow-up period.

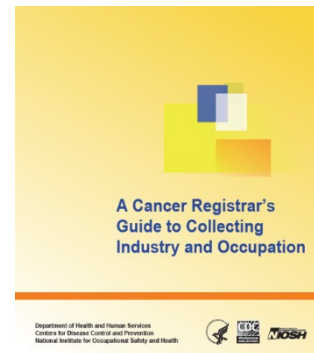
Since 9/11, a concentrated effort on studying cancer in firefighters have taken place across the United States, In recognition of the possible association between firefighters and cancer, NC Governor Roy Cooper signed [House Bill 535](#) (known as The Firefighters Fighting Cancer Act of 2021) into law sending much-needed financial help to firefighters who are diagnosed with cancer.

The OEE Branch is doing a lot of work on their side to inform practitioners of the importance of reporting this information in the medical record. An article is being submitted to the NC Medical Journal, an abstract was submitted for the next Council of State and Territorial Epidemiologists Conference, and they hosted three webinars in April to provide health care providers and other health professionals with more information about collecting industry and occupation data. The NC CCR also forwarded the conference announcement to all cancer registry contacts in March. These three webinars are now available, **FREE and on-demand**, to provide health professionals with training in *collecting industry and occupation data*. Each webinar offers 1 Contact Hour.

- Importance of Collecting Industry and Occupation Data
<https://www.wakeahec.org/courses-and-events/70983>
- Rules for Reporting and Coding Industry and Occupation Items
<https://www.wakeahec.org/courses-and-events/70984>
- Increasing Industry and Occupation Survey Return Rates
<https://www.wakeahec.org/courses-and-events/70985>

On the CCR side, we have developed a 1-page tip sheet for recording O/I in the abstract. The tip sheet is provided below and can also be downloaded from the CCR website at:
<https://schs.dph.ncdhhs.gov/units/ccr/reporting.htm>.

Did you know there is an abstracting guide for cancer registrars specific to collecting O/I? CDC provides very specific instructions on what to record for various scenarios in a document called *A Cancer Registrar's Guide to Collecting Industry and Occupation*, <https://www.cdc.gov/niosh/docs/2011-173/>. For example, RETIRED is not an occupation! If no information about the patient's occupation or industry is available, record UNKNOWN. The guide also addresses scenarios such as minors, students, military, homemakers, self-employed, etc. Following these guidelines promotes consistency in data. Many of these instructions can also be found in the CCARM but this document certainly goes into much more detail.



Occupation related cancers can be extremely difficult to prove as all other environmental exposures and pure coincidence must be eliminated. The Occupation and Industry data items are rarely audited in the cancer registry, so it is easy to forget its importance. As you can see from the studies above, being able to associate work and cancer risk is a highly active part of cancer research and surveillance. Being able to provide researchers accurate and complete O/I data for those diagnosed with cancer is key.

The CCR has shared some of the barriers for cancer registries in capturing more complete information, primarily the lack of this information in the medical record. We encourage you to share this discussion and these training opportunities with your physicians. We encourage you to encourage them to document better O/I information by bringing more awareness to how this data is being used, right here in NC!

Occupation and Industry are important factors for determining many possible health risks. Collecting data on these factors is essential for effective interventions. Collecting an individual's Occupation and Industry information from the RELEVANT time period for developing the disease informs disease prevention. (For example 14 days for COVID-19 versus up to 20 years ago for cancer.)

CURRENT OCCUPATION

The most recent job that the person has been doing.

CURRENT INDUSTRY

The kind of business or industry the person currently works in. This is different than the employer's name.



For example, a man works 20 hours a week in a restaurant:

OCCUPATION = WAITER
INDUSTRY = RESTAURANT

What if **"Retired"** → Occupation = Previous job

What if **"A home maker"** → Occupation = **HOMEMAKER**

USUAL OCCUPATION - The job that the person had been doing for the longest amount of time. It is not necessarily the current job, the highest paid job, nor the job considered the most prestigious, but the one that accounted for the greatest number of working years.

For example:



5 YEARS
as a server at a
fast-food restaurant



25 YEARS
as a secretary
for a car
dealership



10 YEARS
as a care
assistant at a
retirement home

USUAL OCCUPATION = SECRETARY Though she had three long-term jobs, her job as a secretary at the car dealership was the longest held (25 years)

For more information on collecting Industry and Occupation, and instructions for Special Cases (Homemaker, Child, Student, Military, Never worked), refer to the NC Cancer Collection and Reporting Manual (CCARM) and A Cancer Registrar's Guide to Collecting Industry and Occupation, cdc.gov/niosh/docs/2011-173/.

Source: Adapted from National Institute for Occupational Safety and Health (2021). Things to consider when collecting industry and occupation data.



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Cancer Registry World Podcast - <https://www.mycrstar.com/cancerregistryworld/> [[mycrstar.com](https://www.mycrstar.com/)]

Join Dr. Frederick L. (Rick) Greene each month as he hosts the only podcast dedicated to cancer registrars, **Cancer Registry World™**, focusing on the role of cancer registrars and cancer registries in the universal treatment of malignancy. Each segment will feature cancer registrars, clinicians, organizations, administrators, researchers, and representatives of all healthcare groups who contribute to and benefit from data that are derived from cancer registries. Cancer Registry World™ episodes are available on the ERS website - <https://www.mycrstar.com/cancerregistryworld/> [[mycrstar.com](https://www.mycrstar.com/)] - and wherever you listen to your favorite podcasts, including [ApplePodcasts](https://podcasts.apple.com/) [podcasts.apple.com], [Spotify](https://open.spotify.com/) [open.spotify.com], [Stitcher](https://stitcher.com/) [stitcher.com], [iHeartRadio](https://iheart.com/) [iheart.com] and [TuneIn](https://tunein.com/) [tunein.com]. Sponsored by ERS, Inc.
