# Indiana Abstract

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# President Claudia Jenkins, CTR



## You Are a Key to The Success of ICRA

I would like to thank everyone that responded to our Board of Directors Survey. We sent out 91 invitations and had 36 people respond. We did get some feedback that not everyone received their invitational ballot from Survey Monkey. It was our opinion that some of the invitations went to the recipient's spam file, because of the way they had to be sent out. We also had some trouble with firewalls.

To refresh your memory, our survey was regarding barriers that keep members from participating on the Board, along with a few background questions. The results of the survey were shared with the board. The Boards interpretation from the information given in the survey, for the most part, is that the barriers came down to time. The time that it takes to hold an office or Chair a committee, and to complete the duties of that position. It was suggested at the meeting that we share at our Conference in November what the duties are of the offices. We will have a table at the Fall Conference with this information. We hope that if you are interested in a specific office or would like to be a Committee Chair this will give you an idea of what your duties would be, this way you could see how much time that it would take. I think you will be pleasantly surprised and it probably wouldn't take as much time as you might think. If you can't make it to the Fall Conference, or if you would like to see the Policies and Procedures for all the positions, they are all listed on the ICRA website. If you have any questions regarding the survey or anything else that I or anyone else on the Board could help you with, please let one of us know. We would be glad to help in any way that we could. I would like to thank Cassie Nobbe and Martha Hill for serving on this committee.

#### President- Elect/ISDH Liaison, Laura Ruppert, MHA

The selection of the 2018 ICRA Fall Conference has been completed. The location will be at Primos South Banquet & Conference Center, 2615 National Avenue, Indianapolis, IN 46227.

The Program Chair, Nancy Whipple, has been appointed for the 2018 ICRA Fall Conference. If anyone would like to help Nancy out, I am sure she would welcome the assistance!

The Treasury Audit was completed in May, 2017.

The ICRA's state basket was assembled, delivered, and raffled off at the 2017 NCRA conference. There was much excitement around the Vera Bradley brief case and all of its contents!

#### **INDIANA STATE CANCER REGISTRY**

Just a reminder, the Indiana State Cancer Registry (ISCR) purchased the 2017-2018 North American Association of Central Cancer Registries (NAACCR) webinar series. This series is available at no cost to individual certified tumor registrars. If you would like more information, please contact Marsha Lundy at 317-233-7158.

Indiana received both the Registry of Distinction award from the NPCR and the Gold Standard award from NAACCR. This allows Indiana's data to be included in both the *Cancer Incidence in North America* and *United States Cancer Statistics* publications.

The ISCR is finishing up its Death Clearance process to ready data for November's Call for Data.

The Cancer Surveillance Section Director, Laura Ruppert served as the lead author of a manuscript entitled, *Linkage of Indiana State Cancer Registry and Indiana Network for Patient Care Data*, which was published in the Journal of Registry Management, Winter edition, 2017. This paper explored the value of linking EMR data with Cancer Registry data. Additionally, the project looked at the completeness of the ISCR.

https://20tqtx36s1la18rvn82wcmpn-wpengine.netdna-ssl.com/wp-content/uploads/2017/04/Linkageof-Indiana-State-Cancer-Registry-and-Indiana-Network-for-Patient-Care-Data.pdf

The ISDH Cancer Sections and Indiana Cancer Consortium presented a poster entitled, *How Indiana's Use of Cancer Registry Data Guides Planning, Marketing, Education and Needs Assessments,* at the 2017 NCRA annual conference, held April 5-8, 2017, in Washington, DC.

The Cancer Surveillance Section Director, Laura Ruppert along with other ISDH representatives presented to partners in Public Health Districts 3 on June 15, 207 and Public Health District 5 on June 29, 2017, regarding respective regional cancer burdens.

The Cancer Surveillance Section Director, Laura Ruppert gave an oral presentation at the 2017 NAACCR annual conference entitled, *Linkage of Indiana State Cancer Registry and Indiana Network for Patient Care Data*, based on the published manuscript bearing the same name.

### Vice President/NCRA & CoC Liaison-Kolleen Spencer

Now that we are at the closing of summer and the ICRA Fall workshop is right around the corner, I would like to extend the invitation to join the *Indiana Cancer Registrars Association*. As the 2017 organizational theme "Keys to Success" the annual membership drive is a key component to maintaining a successful active organization. There are opportunities to make the journey and to let your voice be heard by serving on the Board or on a committee. With your support together we can raise our voice, join today.

# Be Proud Be a Member of ICRA

## Stength in team unity



## **Updates**

#### Eighth Edition Training: NCRA Offers Eight-Part Webinar Series

Starting in January 2018, cancer registries will implement the new staging standards as outlined in the *AJCC Cancer Staging Manual, 8th Edition.* The eight-part webinar series will highlight many of the specific site changes that affect the work of cancer registrars.

### NAACCR: Information on 2018 Implementation of New Data Items:

Visit the NAACCR website to find information on 2018 implementation of new data items, edits, rules for determining multiple primaries and histologies, updates to histology codes, and educational activities.

NCRA Announces Two-Part Webinar Series on CoC Survey During the CoC survey, some facilities struggle with standards that are specific to prevention, screening, outreach, studies of quality, and quality improvement. The standards can be perceived as generic and subject to many interpretations. Group Discount Pricing: NCRA offers discount pricing for groups of six registrants or more! E-mail <u>ccre@ncra-usa.org</u> or call 703-299-6640 Ext. 317 to learn more! <u>Download the</u> group order form fact sheet. Group orders must be placed by October 13, 2017.

### Now Available! 2017 Annual Conference USB Drive

NCRA's USB drive with sessions from the 2017 Annual Conference is now available

#### Past President/Nominations Committee Chair & Website Committee-Cassie Nobbe, CTR

The Call for Nominations for the Executive Committee has been sent via e-mail to the membership. Thank you to everyone who took the time to nominate a fellow registrar. Nominees are currently being contacted. The ballot for the 2017-2018 Executive Committee and City for the Annual Fall Conference will be mailed to the membership at the end of September. Please take the time to vote, when you receive your ballot.

#### Website Committee Chair

ICRA's website vendor resides in Texas. Due to the recent hurricane, there will be delays in placing updated information on the website. During this time, please send any information requests to ICRA's e-mail at <u>icra indiana@yahoo.com</u>.

#### Secretary/Membership Chair/IHIMA Liaison- Martha Hill, AAS, CTR

Several weeks ago our minister began his sermon with a scripture reading from the book of Paul. When he finished he laughed and commented that we probable had no earth shaking feelings from the reading. Well he was correct, in fact a few times I had to go back and re-read what he had just presented as I could not comprehend where this was leading. However, it was not the reading that touched me that day, it was the ending of the sermon which started me thinking and wondering.

The scripture presented was reflecting on people that the Apostle Paul had met during his travels. In his writing, he was thanking them for their friendship, help and encouragement. The minister ended his sermon by challenging each of us to reflect on people as Paul had done in the scripture, people that give us encouragement, support, help and friendship. Who are those people that have molded us and made us who we are? Have we taken the time to thank them, to write a simple Thank You note or call them on the phone and tell them how much they have influenced your life? I've thought about this a lot during the past few weeks. Where would I be professional if it were not for those that mentored me and continue to mentor me in my career? Taking me under their wings and guiding me, pushing me when I was uncomfortable and not ready to be pushed or did not have the confidence within myself to move forward. Where would I be if it were not for people like my Aunt Virginia, who was my second grade teacher, pushing me to move out of my quite comfortable place! I would never even try to start naming names as I am sure that I would miss many people that have influenced me in my life. As there are many and continue to be many who help me daily in my career and in my life.

So as not to miss anyone to all of my fellow Registrars, thank you for all that you do, not only for me but for each other. This job is often times a thankless one. It's not that we are not appreciated; we are, however, we are not on the front lines of patient care. I look at all of the valuable information that we hold within our databases and know that in the last 30 years, we have made a difference. Patient care would not be what it is today without the data that we input each day. We as Registrars would not be what we are today if it were not for those who paved the way for us.

My challenge to each of you this fall is to take some time to reflect not only on your professional life, but your personal life as well. Then thank someone or many people who have been an influence in

your life. Let them know that you appreciate the time they took to support you in your life's journey.

#### 2017 Membership Drive is Successful!

The 2017 ICRA Membership drive has been very successful. Currently we are at 98 members, which is so very close to meeting our goal of 100 members. Remember membership will close 60 days prior to the ICRA Fall Conference. If you have not sent in your membership please do so soon.

This year we are thrilled to have 10 new members join our association. Please join me in welcoming: Susan Arthur of Good Samaritan, Vincennes; Michelle Brietner, Community Hospital and Wellness Center, Bryan Oh; Kimberly Cardin, Lutheran Health Network, Fort Wayne; Kristi Dietz, CHAMPS Oncology, Fort Wayne, IN; Heather Graham, Camby Indiana; Brenda Gray, Hendricks Regional, Avon; Amanda Kraushaar, Registry Partners; Julie Machowiak, ATOS North America, Niles, MI; Damon Mooreman, Marion General, Marion, IN; and Christine Racey, NTHRIVE, Shelburn, IN.

Being a member of ICRA is a large "Keys to Success." ICRA holds a wealth of people with knowledge, experience and expertise in which one can glean on. I have never met a fellow registrar who was not willing to share or help in any way. I know that I would not have the knowledge that I have if it were not for many of my ICRA friends that have helped me and continue to help me with difficult coding issues, survey questions and even software issues.

This year we will not be placing membership applications into the Fall Conference packets. After much discussion during our Board of Directors meeting, it has been decided that the application needs a face lift. I will be working on this in the next few months, and taking back to the executive board for final approval at our January Board of Directors meeting. Please be watching your mailboxes and for blast e-mails for membership renewals come February 2018. An application will be posted on the ICRA website as well.

The program committee has been working hard to prepare for our upcoming Annual Fall Conference. I hope to see you all in Indianapolis November 9 and 10. Let's have a fun time receiving education and networking and building our "Keys to Success."

#### Public Relations-LeAnn Capps, BA, CTR

Just a reminder- please contact Public Relations if you know of any member that has lost a loved one from their immediate family. ICRA would like to reach out to them to show our genuine concern and support at that time.

As always, the Public Relations Committee welcomes any ideas and articles that you would like to place in the <u>Indiana Abstract</u> in the future. You do not have to be a board member to submit articles.

I believe the article submitted by Martha Hill, AAS,CTR, sums up what I feel, and a lot of the CTR's feel, perfectly describes why the association and the contacts and friendships we make, are so important to our line of work and making our association so important!

## Treasurer-Leslie Woodard, CHCM, CTR

#### Indiana Cancer Registrars Association

Quarter 1: Fiscal Year 2017-2018

Beginning Balance	2			\$14,985.84
	April	May	June	
Income:				
Membership	430.00\$	70.00\$	505.00\$	\$1,005.00
Total Income:	430.00\$	70.00\$	505.00\$	\$1,005.00
Expense:				
Mileage - Board	-\$	\$71.10	-\$	\$71.10
Postage	-\$ -\$ -\$	\$0.00	9.80\$	\$9.80
State Meeting	-\$	32.01\$	-\$	\$32.01
Snacks				
2017 NCRA State	-\$	21.40\$	-\$	\$21.40
Basket				
Vista Print -	-\$	-\$	33.48\$	\$33.48
Membership				
Cards				
Website	\$49.99	\$49.99	\$49.99	\$149.97
Maintance				
Bereavement	-\$	6.10\$	-\$	\$6.10
Card				
Reimbursement				
Total Expense:	\$49.99	\$180.60	\$93.27	\$323.86
Ending Balance \$15,666.98				
Balance Savings Account \$10,148.95				
CD \$10,110.61				
Total Assets for ICRA: \$35,926.54				
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### Education-Lisa LaGue, CTR

### What Am I Doing?

That's a question I've been asking myself a lot lately. No, not because I'm having "senior moments" but because I'm wondering if I could be working more efficiently. I guess I've always been the type of person who gets restless when life becomes routine.

Growing up, I must have rearranged my bedroom furniture at least once a year because I would get an overwhelming need for a better arrangement. I have almost outgrown this craving for switching things around as evidenced by the fact I have never rearranged the furniture in the master bedroom of my current house and I've lived here for nearly twenty years (gasp); however, that's only true because there is only one wall big enough for a king-sized bed, and therefore, only one spot where the dresser will fit, and so on.

The same cannot be said for my sewing room or my home office. In fact, just this week, I decided I need to move my printer, which meant moving all my reference books and then I obviously had to move my computer, which ended up meaning a lot of items had to be moved. But I feel more relaxed when I'm in my office now.

My office might be comfortable but that doesn't mean I'm at ease with my work. My current work schedule and procedures have been in place long enough that I'm getting restless. I'm thinking of changes I can make to my schedule and procedures that could improve my work efficiency especially looking forward to next year.

For example, the first task I perform each day is to review new path reports. While this is beneficial for early casefinding, identifying a case so close to diagnosis means a lot of data fields in the abstract cannot be completed. I'm considering delaying the review of path reports so more diagnostic testing will be done and possibly treatment planned when I first review the case, but I haven't yet decided what would be the best timeframe for the path review.

Changing the timeframe for reviewing new cases is a decision I will make because I think it will improve my work efficiency. But recently, I've had to make a change to my work schedule not because I thought it would be beneficial but because I realized my routine procedure was no longer feasible.

This change affected identifying new cases seen in the cancer center. My established procedure involved generating a report from the hospital's computer system on a monthly basis which pulled all patient visits using an admission date for three months prior to the current month. This was a routine I had been following for a long time. Several months ago, I noticed many patients on the list had earlier visits that were not included on the reports from the earlier months. I asked "What am I doing?" to determine why visits were being missed. I thought it must be how I was creating the report.

After creating many different test reports, I discovered my problem was caused by an update to the hospital's computer system which was implemented last year. The update created new "recurring"

oncology accounts and the "admission" date now gets updated each time a patient is seen. Unfortunately I have not been able to discover a way to create a report based on the actual first visit date. To compensate for the system change, I changed my schedule so I now generate the report weekly using admission dates for the previous week.

It didn't take long to realize reviewing this report each week wasn't the most efficient use of my time. Similar to using path reports to identify new cases, identifying a case so close to the first appointment with the oncologist also means a lot of data fields in the abstract cannot be completed, especially if an oncologist is habitually a couple weeks late with dictating visit notes. After asking "What am I doing?" I accepted I had to generate the reports on the earlier timeframe, but I could delay reviewing them to be more efficient with my time. Like the path reports, I haven't yet decided the best timeframe for this review.

If you've continued reading this far, you might be asking "What is she doing?" to provide us with educational updates. As I mentioned in the last edition of *The Indiana Abstract*, there weren't any reportability changes required for 2017 so there weren't new topics for training, but...

#### **Big Changes Are Coming!**

You should already know the 8<sup>th</sup> Edition of the AJCC Cancer Staging Manual will be used starting 1/1/2018, but you might not know about all the other 2018 updates. There will be updates to SEER Summary Stage, ICD-O-3, Site-Specific Factors (SSFs), and the multiple primary and histology rules for both solid tumors and hematopoietic and lymphoid neoplasms, just to name some directly impacting all cancer registrars in Indiana.

Other changes for 2018 include SEER's EOD, FORDS (will be replaced by STORE), CAP protocols, NAACCR Data Standards (definitely Volumes I, II and IV, probably V, maybe III). Essentially every cancer registry resource will be revised. And on top of all that, ICD-11 is supposed to be released in 2018.

Even though a lot will change in 2018, many registry concepts will be the same. For example, there are a lot of changes in AJCC's 8<sup>th</sup> Edition, but the T, N, and M stage concept will be the same. Because SEER Summary Stage is being revised to more closely match AJCC, it will also have a lot of changes, but the overall concept of in situ, local, regional and distant stages will be the same.

Perhaps the biggest change, the one which will create a large number of new data fields, is the change to the SSFs. The current SSF fields will be discontinued and replaced by 120 new Site-Specific Data Items (SSDIs, keep your fingers crossed they come up with a better name). The SSFs are unique fields, meaning the data item collected in the first field for one cancer site is not the same data item collected in the first field for another cancer site. For example, SSF1 for breast is ER assay, but SSF1 for colon is CEA.

The SSDIs will be discrete data fields, meaning the data item collected in each field will have the same definitions for all cancer sites. For example, perineural invasion is collected for different cancer sites but not always in the same SSF, SSF8 for colon, but SSF11 for skin. It will be collected in the same SSDI regardless of site, but it won't apply to all sites. Consequently, many SSDI fields

will be coded to a not applicable/information not collected for this case depending on the site, so relax. You will not be coding 120 new fields for every abstract. The software will take care of the non-applicable SSDIs.

Since the SSFs are unique fields, they are all defined by 3 digit codes. Since SSDIs will be defined as discrete data items, the coding structure will vary for each one. Some fields will be one digit, having allowable codes like 0, 1, 2, 3... and 9, while other fields will have different lengths and some will even include decimal points. For example a PSA value of 5.2 would be entered in SSF1 as code 052, but it would be entered in an SSDI field as 5.2, which should simplify data entry and eliminate many coding errors.

Since the implementation date for all these changes is just a few months away, it would be nice to be able to learn about them soon. So when will all the changes be released and when will training take place?

Good question, wish I had a good answer. This excerpt is from my last article.

NAACCR's Volume II Version 18 is slated to be released in July 2017, which should allow required changes to be incorporated into registry software in a timely manner prior to abstracting 2018 diagnosed cases. Keep your fingers crossed!

Perhaps not enough fingers were crossed because Version 18 is now scheduled to be released 12/1/2017 and the 2018 Implementation Guidelines likely will not be available until 3/1/2018. It is unknown when each software vendor will have updates available, but it likely will not be before many registrars begin identifying 2018 diagnosed cases.

#### What Should We Do?

The best thing registrars can do to prepare for 2018 is to review their current policies and procedures. Have there been external changes, such as hospital system updates or additional services provided, that might have inadvertently affected registry operations? Take the time now to make sure you are identifying all reportable cases in the timeframe you have determined works best for you.

After that, refer frequently to the NAACCR website, <u>https://www.naaccr.org/2018-</u> <u>implementation/</u>, for the latest news on the 2018 updates. All the information mentioned above came from NAACCR's 2018 Implementation Webinar. The webinar was presented live August 8, 2017 but a recording is available for viewing on the website. NAACCR plans on presenting additional implementation webinars and I will notify ICRA members when the dates and times are announced.

Training for AJCC 8<sup>th</sup> Edition will begin this year. NCRA recently announced an 8-part live webinar series. For more information, go to <u>http://www.cancerregistryeducation.org/live-webinars</u>. Personally, I'm looking forward to attending the 39<sup>th</sup> Annual ICRA Fall Conference because Louanne Currence is returning to Indiana to present sessions on five of the most common cancer sites and she has incorporated AJCC 8<sup>th</sup> Edition into her training.

While we definitely need new AJCC training sessions, there are some excellent webinars on AJCC's website which were recorded in 2016. Even though they are based on the 7<sup>th</sup> Edition, they are still valuable resources for AJCC staging. As discussed above, the 8<sup>th</sup> Edition does have a lot of changes, but the AJCC stage concept is the same. The recorded webinars focus on the concept for AJCC so the material will carry over to 2018. There are five different disease site webinars. I encourage you to review all of them, but I highly recommend the melanoma webinar. All five can be found at <a href="https://cancerstaging.org/CSE/Registrar/Pages/Disease-Site-Webinars.aspx">https://cancerstaging.org/CSE/Registrar/Pages/Disease-Site-Webinars.aspx</a>.

#### What Will I Do?

I suppose there is an extremely remote possibility that all the planets will align just right and everyone will bite their tongues just right (or whatever you believe makes things fall into place) and my registry software will be updated before I'm ready to enter my first 2018 case. That would be great! But my nearly twenty-four years of registry experience have made me cynical when it comes to January 1 effective dates; therefore, I'm anticipating entering 2018 cases into my V16 database and keeping them in suspense status for several months.

This will be similar to what I did when I started entering 2016 cases into a V15 database; however, from that experience, I learned I needed a better way to document the new or revised data items so I wouldn't have to re-abstract the case after the new version update. For 2016 cases, I thought I included everything "new" in text fields but the data wasn't as easy to pick out of my text after the update as I had hoped and my text wasn't always as detailed as it needed to be to avoid reviewing the medical record to complete the abstract.

At this point, I am anticipating using either a paper abstract or possibly an electronic spreadsheet to record all the new data items for 2018 diagnosed cases. I won't be able to create my "temporary" abstract until the 2018 required data sets are finalized and released by the standard setters I am required to follow, specifically CoC and ISCR. While I'm waiting on the required data sets, I can create test versions to practice with and try to predict which format, paper or electronic, will work better for me.

Knowing me, it's good I have a few months to practice because I'm likely to ask "What am I doing" several times between now and 1/1/2018 and definitely before ??/??/2018 when I'll have a V18 database.

What about you? Now is the time to start planning. What will you do?

#### 2017 Program Chair-Sherry Dowling, CTR

Committee Members: Martha Hill, AAS, CTR; Cassie Nobbe, CTR

The Fall Conference Program is complete and the brochures have been mailed and emailed to all ICRA members and past conference attendees. Please share our conference information with others

interested in the cancer registry profession. If you have not received information, please contact me. Let's work together to increase attendance.

The committee has worked diligently to provide at least ten credit hours (including four category A hours) required for the first time during this odd year accreditation cycle, due 12/2017. The conference is packed full of relevant educational information to prepare us for the changes effective January 1, 2018. Nationally recognized speaker Louanne Currence, RHIT, CTR will be featured along with physicians and other registry professionals. Ms. Currence will scrutinize the anatomy of Head & Neck cancer, and then focus on 8<sup>th</sup> edition TNM staging for several sites that are changing.

When I accepted the position of Program Chair, I was concerned that I would not have the time needed to accomplish the task. I would like to thank the other board members, as everyone has worked well together this year under the leadership of Claudia. I could not be more pleased with the program and hope that you all agree.

If you have any special dietary needs or questions. Please contact me at 812.522.0475 or email at <u>sdowling@schenckmed.org</u> or <u>Icra indiana@yahoo.com</u> attention Sherry, Program Chair.

I hope to see you at the 39<sup>th</sup> Annual ICRA Fall Conference, "Keys to Success" on November 9-10, 2017 at Primo Conference Center South, Indianapolis, IN. The link is: <u>www.icra-indiana.net</u>

#### Ways and Means- Joann Schultz, RHIT, CTR

I hope everyone has enjoyed the great summer weather. Once again we will hold a Silent Auction during the Fall Conference. If you would like to donate an item please let me know 219-983-8646. I am arranging Dining to Donate in conjunction with the Fall Conference. Watch your e-mail for further details. This year we will also hold a 50/50 raffle at the Fall Conference. Please ask your friends and relatives if they would like a ticket \$1.00 each or 6 for \$5.00. All proceeds will be used for our Educational Scholarships.

Congratulations to Claudia Jenkins, CTR the winner of the Fall Conference Registration. Looking forward to seeing you in November.

### By-Laws-Camille Foley, RHIT, CTR

The By-Laws Committee is responsible for ensuring that the Annual Business Meeting and the Board of Directors Meetings are conducted according to the ICRA By-Laws. The rules contained in the current edition of Robert's Rules of Order, Newly Revised governs ICRA in all cases to which they are applicable and in which they are not in conflict with our By-Laws, special rules of order, and any standing rules ICRA may adopt. Amendments to the By-Laws may be proposed by the Board of Directors or individual voting members. This committee serves as the ad hoc Ethics Committee as needed. The committee is also available to assist the president or other members of the Board of Directors.

## Emily Freeman, CTR Franciscan Health Indianapolis

Winning the ICRA registration scholarship to NCRA in Washington D.C. this year was a huge blessing to me. When I entered the drawing for the NCRA conference registration I didn't think I had a big chance of winning, and I was totally surprised to find out that I had won. I successfully passed my CTR exam in the fall of 2016 and have only been in the registry field for a little over a year. The ICRA scholarship to NCRA is a great benefit of being a member of ICRA. I enjoyed my trip to Washington D.C. and learned quite a bit from the NCRA conference, as a new registrar this education is so very valuable. Meeting and networking with other registrars was also a great experience. This was my first time visiting the City of Washington D.C. as well. I was able to get a flight out from Indianapolis to Washington early in the morning the day before the conference started. Once we arrived in Washington a co-worker and I explored the city. It was a beautiful sunny day out perfect for visiting the sites. We were able to see quite a few of the monuments and were lucky enough to see the cherry blossom trees in bloom while we were there.

NCRA conference sessions were informative and helpful. One of the sessions that stands out in my mind was the AJCC 8<sup>th</sup> edition which was presented by Donna Gress, RHIT, CTR. Donna a gave an overview of the new edition and summarized some of the changes/additions. I am excited about the new edition and will be looking forward to more training that will be provided by the AJCC. There were many more sessions that were interesting and I learned from as well. NCRA also honored all the new 2016 CTR's at the luncheon on Saturday. I was surprised to see that there were quite a few new CTR's that attended the conference. It was nice to be recognized for all of the hard work that goes into preparing to take the CTR exam and passing. Overall, I had a great experience going to the national conference and would like to thank ICRA for offering the scholarship for the registration. I also want to encourage all my fellow ICRA members to apply for the scholarship it is a great benefit and you could be the next winner.





# Calling All Cancer Registry Professionals

# **Registry Partners** is now hiring CTRs

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#### Stacey Ballinger, Recruitment Coordinator

staceyballinger@registrypartners.com / (336) 214-5218



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