

OREGON CANCER REGISTRARS ASSOCIATION

WINTER NEWSLETTER

DECEMBER 1, 2017

Note from our President, Carol Funk:

Greetings friends...

We had a wonderful workshop this year in Medford. ONCO and 4 Hawk Winery provided a nice evening social for anyone who wanted to go. It was very nice, and a beautiful place to go to unwind. I want to thank all of the people who volunteered and made the workshop a success. We brought in \$1,232.00 from the raffle this year.

I have enjoyed working with my fellow Executive Committee members this year. I would encourage everyone to run for an office next year, or volunteer on a committee.

Providence, and the State Associations; Oregon, Washington, and California have been working on getting a Regional together for next year. It will be in Burbank California August 8-10, 2018. (The Regional can replace the NCRA conference. The closest it will come to Oregon is 2019 in Denver Colorado). Keep tuned for more updated information in upcoming Newsletters.

I also wanted to thank our incoming officers who will be our Executive Team in 2018.

2018 Officers & Nominating Committee:

Jennifer Johnson-President
Ron Lamie-President Elect
Carol Funk- Past President
Veronica Redd-Secretary
Martha Curl-Treasurer

Nominating Committee:

Janice McDaniel
Norie Vogt
Kelly McGraw
Claudia Cooksie

They will do a wonderful job and we appreciate their willingness to serve.

Michelle Galusha from Roseburg will host the 2018 Fall Education Conference. Thank you, Michelle, on behalf of your OCRA friends.

Best Regards and Happy Holidays,

Carol



A.Fritz and Associates, LLC

April's family thanks everyone for their kind comments of condolences and remembrances of her on Facebook. In lieu of flowers, it is requested that memorial donations be made to the NCRA Education Foundation. The family is working with NCRA to create a scholarship or educational program in April's name with the details being announced at the NCRA Annual Meeting in May.

Checks with "April Fritz Memorial" written in the memo line may be sent to the NCRA Education Foundation 1330 Braddock Place, Suite 520, Alexandria, VA 22314

OCRA donated \$100 in October per approval at the Fall Workshop Business meeting in Medford on 9/28/17.

SPECIAL WORDS TO OUR FRIENDS WHO ARE RETIRING THIS YEAR:

Your co-workers had prepared special tributes to you to share at the Fall Workshop in Medford but time didn't allow; so, we want to share those words and offer our heartfelt congratulations and

gratitude for all of your contributions over the years.

To Barbara Collins:

Barbara Collins has been an OCRA member since 1983. She started her cancer registry career at the Blue Mountain Oncology Program in Walla Walla, WA in 1983. She attended the University of San Francisco Tumor Registry Training Program at the Cancer Research Institute in 1985 and passed her CTR in 1986.

She has been the Cancer Program Coordinator for many facilities including our local facilities for 6 years meeting her husband Mark and then going on to become an Independent Contractor where she spent 10 of those years at UCS/Kenneth Norris CA Hosp in LA CA Managing an NCI designated Cancer Program receiving the outstanding achievement award in 2008.

Barbara has been an active volunteer for NCRA serving on multiple committees for NCRA since 1995 as well as the NCRA Program Chair in 2010 and 2013.

Barbara has also presented and published "Seeing eye to eye: A dialogue between Hospital based Registrars & Registry Service Providers".

Barbara has come full circle spending these past 3 years back at Asante doing contract work just completing her contract this past week so that she can retire with her husband Mark whom recently retired from Asante as well.

We have been so fortunate to have her assistance and so grateful for her guidance and knowledge. Barbara has been my mentor and a very good friend. I am indebted to her for giving me a chance and a career in this field of Cancer Registry. We will miss Barbara but will continue to stay in touch and wish her the best.

Jennifer Johnson, CTR

Teresa Mason has decided to retire in January 2018 from the OHSU Cancer Registry:

Teresa has been working in the cancer registry field since 1984. She started her career with Legacy Emanuel where she worked for 13 years as a cancer registry coordinator before going to work for the software vendor, Oncolog, where she was employed for 10 years. In 2006, Teresa shifted back into the hospital registry systems where she took on the role of cancer registry manager at OHSU. She served as manager for more than 6 years before opting to step down into a senior tumor registrar role, where she has remained for the past 4 years.

Teresa has had many successes throughout her career. During her time as manager, Teresa led OHSU to achieving their first ever, Outstanding Achievement Award through the CoC. Teresa's work has truly made a lasting impact, one that has changed the OHSU Cancer Registry for the better in so many ways.

Teresa has trained many successful CTR's over her career and has served as an influential and expedient resource to many of us.

Teresa has been a member of OCRA since its beginning and has volunteered on many OCRA committees over the years. Teresa has truly dedicated her heart and soul to her profession and has truly been an inspiration.

Teresa, you will be missed, but we wish you all the best in this well-deserved, next phase in your life!

Melissa Alvarado, CTR

We are pleased to announce The Michelle Henson Memorial Award 2017 goes to Ron Lamie and Molly Sengvongxay! Congratulations to both of you!



To Teresa Mason:

Updates from OSCaR:

- Thank you to everyone who participated in the 2017 OSCaR Fall Workshop survey evaluation. This year's fall workshop was held in Medford, OR. This year we tried to incorporate webinar and call-in meeting options for those who were unable to make the conference in person. There were several responses in which people liked and appreciated this option. And there were several positive responses including that this year's Fall Workshop was one of the best ones yet. We plan to take some of the challenges that were mentioned and look at them as opportunities to improve on for next year's workshop. Some of the challenges included not sending out handouts prior to the meeting and having more hands-on activities.
- We are heavily focused on our Call for Data (CFD) submission to both CDC-NPCR and NAACCR. We begin the process early to mid-October every year. We will be submitting our data to both entities on November 30, 2017. This will include all 2015 and 2016 cases. For more information on what Call for Data is, please check out the following links:

NPCR: <https://www.cdc.gov/cancer/npcr/standards.htm>

NAACCR: <https://www.naaccr.org/certified-registries/>

- **Reminder:** the next Coalition webinar meeting will take place on December 20th at 9:15am. Please remember to submit your questions to Linda Shan at linda.y.shan@state.or.us one week prior to our meeting. I will also send out courtesy reminders through the listserve.

And as always, please feel free to contact anyone at OSCaR if you have any questions.

Data Discrepancy item:

Primary site – when two or more facilities submit the same case, but with different primary sites, the case is pulled for review. A few hints:

- If a tumor overlaps 2 or more sites, code where the tumor originates. If a physician documents “tumor extends *from* (anatomical site) *to* (another anatomical site); use the “from” location to code primary site.
- Carefully review entire medical record to determine subsites
- [SEER Appendix C](#) has “Coding guidelines” that can help you sort out correct subsites. [SEER Inquiry](#) (SINQ) is another excellent resource.

Sequence number – please be sure to document in text the number of malignant/non-malignant primaries.

- #00 = one malignant primary and #01 = means patient has 2 or more malignant primaries. We receive a lot of sequence #01, without any documentation of a subsequent primary.
- Please note that sequence numbers for non-malignant CNS tumors (#60-89) are recorded (and changed) independent of malignant tumors. We truly appreciate your prompt response to queries from OSCaR staff for additional information on a case. We couldn't do it without you!

Required Text- What does OSCaR look for?

Used and adapted with permission from Oklahoma Central Cancer Registry

- **Codes** are for data retrieval and comparison.
- **Text** is for data quality, verification and research.
- Use accepted abbreviations from NAACCR Appendix G. <http://datadictionary.naaccr.org/?c=17>

- Always use names facility(s) & dates for any procedures and/or treatment.
- Listed below are **required** text fields with examples/explanations to justify codes within an abstract. High quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

Text—Primary Site: Provide information regarding the primary site and laterality of tumor being reported. State the specific location of the primary site, including subsite and laterality. **An example:** Right lower lobe of lung.

Text—Dx Proc—Path: Provide information from cytology and histopathology reports. Suggestions for text date of procedure, anatomic source of specimen, tumor type and grade, extent of tumor spread, involvement of resection margins, number of nodes removed and any additional comments including differential diagnoses considered and any ruled out. **Example:** 9/5/12 RML lung: 2.5 cm lung showing adenocarcinoma, grade2, 00/03 LN. Margins clear.

Text—Histology Title: Provide information regarding the histologic type, behavior and grade (differentiation) of the tumor being reported. **An example:** Invasive adenocarcinoma of lung, well differentiated.

Text—Staging: Provide information that will verify the CS elements. Include tumor size, extension of primary tumor, regional lymph node involvement and distant metastatic disease. Record TNM staging & who staged clinical &/or pathologic staging. **Example:** 5 cm mass in right abdomen in the area of the hepatic flexure, involving cecum, ascending colon and extensive involvement of the mesentery extending into the small bowel toward aorta and superior mesenteric.

Text—DX Proc—PE: Text area for documentation from the history and physical examination about the history of the current risk factors for the tumor and the clinical description. For example, history of smoking, 2 packs a day for 20 years in a lung cancer patient. Also, include the patient's gender, age, race and ethnicity. **For example:** 54-year-old white male (54 y/o WM) with right lung mass, shortness of breath and blood in sputum. Also state any other known previous cancer diagnosis here or in the Remarks section. **For example:** patient has a history of Breast cancer, 2000.

Text—Dx Proc—X-ray/Scan: Text area for manual documentation from all x-rays, scan and or other imaging examination that provides information about staging. Include the dates of the radiographic test done, along with a brief description of the findings. **An example** would be: 11-21-12 CT chest: 2.5 cm lesion within the RML of lung, with hilar and mediastinal adenopathy. 11-25-12 CT brain: normal findings. CT abdomen: negative.

Text—Dx Proc—Lab Tests: Provide information from laboratory examinations and other than cytology or histology. Include the dates and names of any relevant lab tests performed along with the values. **Example** would be 9-15-12: CEA 800 high, or 12/15/11: PSA 10, elevated.

Text—Dx Proc—OP: Text area for manual documentation from endoscopic examinations that provide information for staging and treatment. Include the dates and names of the relevant scopes performed along with the findings. **An example:** 11-30-12 Bronchoscopy with biopsy: Upon entering RML lung tumor noted, biopsy taken of mass.

Text—RX Surgery: Text area for manual documentation of all surgical procedures that provide dates and descriptions of biopsies and all other surgical procedures which staging information was derived, number of lymph nodes removed, size of tumor, documentation of residual tumor

and evidence of invasion of surrounding areas. **An example** would be: 9/5/12: RML lobectomy with biopsy of 3 mediastinal lymph nodes.

Text—RX Radiation (Beam): Text area for documentation of information regarding treatment of the tumor with beam radiation. Include start date, ending date type of beam radiation and area radiated. **Example:** IMRT to breast starting 1/10/12 ending 2/27/12.

Text—RX Radiation Other: Text area for documentation of information regarding treatment of the tumor with radiation other than beam radiation. This includes brachytherapy and systemic radiation therapy.

Text—Chemotherapy: This area for documentation of information regarding chemotherapy treatment. Include the start and end dates of any chemotherapy given. Include the name of the drugs given.

Text—Hormone: Text area for documentation about hormonal treatment. Include start and end dates of any hormone given. Include the name of the drugs given.

Text—BRM: Text area for documentation regarding the treatment with biological response modifiers or immunotherapy. Include start and end dates of any immunotherapy drug given. Include the name of the drugs given.

Text—Other: Text area for documentation of information regarding treatment that cannot be defined as surgery, radiation or systemic therapy. This includes experimental treatments.

Text—Remarks: Any relevant information not already texted in other section. If there is a previous history of cancer(s) and they are not noted anywhere else, please document here.

“ASK a SEER Registrar” Share back moment:

Q: Patient has AIN 3 – the patient had IRC and then was treated with “hyfercation”. Is hyfercation considered treatment? And if yes, how would you annotate this?

A: Hyfercation is precise destruction of all types of cutaneous lesion (both superficial and deep) and controls surgical bleeding simply by applying electrical energy to the lesion. Code this procedure in Other Treatment.

OSCaR Data Access Updates

As part of public health practice, health data are collected and analyzed to identify sources of illness and target interventions for the prevention, early detection, and treatment of chronic diseases, including cancer. Cancer continues to be the leading cause of death in Oregon, so the need to collect and analyze cancer data continues to be vitally important to the work of public health.

OSCaR monitors overall rates and trends in cancer in Oregon to target and evaluate public health actions that can help all Oregonians. As part of these efforts, each year OSCaR posts data for cancers associated with the highest number of deaths and new cancer diagnoses. The most recent cancer data is located on the [OSCaR Data and Publications](#) webpage.

When monitoring cancer in the population, OSCaR focuses on known causes of common cancers and established risk factors – e.g., smoking and lung cancer, colon cancer screening and early detection of colon cancer. This winter, OSCaR will reexamine various cancers associated with other common risk factors, such as obesity and excessive alcohol use. The intent is to identify cancers linked across risk factors to inform how data might be better presented to guide public health practice.

OSCaR has also been reexamining its processes for how researchers are able to access cancer data. Researchers with HIPAA-compliant scientific research studies are working to improve the quality of cancer treatment. Given limited resources and increasing demands for quality data, OSCaR is always looking for ways to ensure that this important work continues.

One change that is being implemented is how patients are recruited for research projects. Previously, OSCaR staff conducted these recruitments “in-house,” but soon researchers will be taking over this process. This includes first contacting patients’ physicians to determine if patient contact is appropriate, and then contacting patients to inform them about a project and providing the patient with the opportunity to participate or decline.

Throughout this change in process, OSCaR has worked to ensure the privacy and confidentiality of patients’ protected health information is maintained. While research may be important, it should never be at the price of unnecessarily risking access to patients’ protected health information.

For more information on OSCaR data or research, please visit the [OSCaR website](http://oscar.ohd.state.or.us) or contact OSCaR at oscar.ohd@state.or.us or 971-673-0986.



A NOTE OR TWO FROM MARTHA CURL:

If you are submitting your CEUs to NCRA this year, it has changed. So just wanted to share the tips. If you search for approved programs which is the best way, only type in the number and it will bring up the information.

On another note, when I typed in the number on our OCRA certificate for 2016, which was 2016-014 it is for a SEER program not OCRA. I found on NCRAs site that our FWS has a different number, 2016-099. I have copied it below.

Lastly, remember that the CEUs for Category A are marked on your certificates with an *, so you can add up those specifically.

Good luck.

Thanks-Martha

2016-099	OCRA 2016 Fall Educational Conference	9/29/2016	9/30/2016	Oregon	Y	10.50
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I also wanted to share that I dropped off my donations and those that were collected from the OCRA/OSCaR fall workshop and I had well over 200 items. When I dropped them off last Thursday, they were running very low and were happy to get the donations. They like it when I drop them off as I have already sorted them by type into Ziploc bags. ☺ That saves their staff from doing it. They were even happy to get the makeup

remover towelettes as they are having the same problem as hotels with their washcloths getting stained from makeup. Thanks again for everyone that made a donation on behalf of myself and Ronald McDonald House.

I also wanted to share the **AWESOME** news on how the Hearts and Hands Gala did for the Ronald McDonald House. They raised record-breaking **\$630,000**. This means that families will continue to have a home away from home when their children are ill.

~Martha Curl

And thank you Martha for this special act of giving. The Ronald McDonald House is a wonderful resource to those in need a place to stay while a loved one is in the hospital. They are dealing with so much and this gives them one less thing to worry about during a stressful time. Bless you for your kindness. Your generous heart and giving spirit does not go unnoticed by your Registry friends
Bonnie

AND!!

SAVE THE DATE

REGIONAL EDUCATIONAL PROGRAM

2018

DATES: AUGUST 08TH THROUGH AUGUST 10TH

TENTATIVE: 8:30 AM

BURBANK MARRIOTT

2500 N. HOLLYWOOD WAY, BURBANK CA 91505. FOR THE FIRST TIME ON THE WEST COAST, THREE STATE ASSOCIATIONS CALIFORNIA, OREGON, WASHINGTON AND PROVIDENCE SAINT JOSEPH HEALTH GOT TOGETHER AND PLANNED A REGIONAL PROGRAM FOR THE WEST COAST. WE HAVE DEVELOPED A PROGRAM WITH THE FOLLOWING TOPICS, AJCC STAGING 8TH EDITION, COMMISSION ON CANCER STANDARDS PRESENTATIONS, SEER AND CENTRAL REGISTRY.

OCRA Membership Application for 2018

Please fill out the form exactly as you would like it to appear in the membership roster. Only the fields that have changed since the last roster need to be filled out. Write "Same" if nothing has changed.

NAME: _____ CREDENTIALS: _____

EMPLOYER: _____ POSITION: _____

EMPLOYER ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ WORK EMAIL: _____

WORK PHONE: _____ EXT: _____ FAX: _____

HOME ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOME EMAIL: _____

HOME PHONE: _____

Membership Classifications:

Active Member: Certified Cancer Registrars or persons whose primary occupation is involved with any or all facets of cancer registry work.

Associate Member: Persons who do not meet the requirements for an active membership (but have a definite interest in OCRA by way of employment or profession).

I am applying for: _____ Active Membership - \$45.00 per year

_____ Associate Membership - \$35.00 per year

Dues may be paid on the OCRA website if desired.

SIGNATURE OF APPLICANT

DATE

Send application and payment to OCRA Treasurer

Vicki Shindler

23182 S Bluegrass Ln

Estacada, OR 97023

Consider Volunteering for NCRA

Submitted by: Martha Curl, CTR

If you have ever even considered volunteering for NCRA, take a chance and do it. I served on the nominating committee this year and it was a great experience. I am not going to sugar coat it though, it isn't any easier than getting volunteers for NCRA than it is for OCRA. We got the job done though for a complete slate. It was great to work with new people and then go back to DC to meet all of them and finish our job. The trip was an all-expense paid trip as well. Nominating committee is a great place to start if you are interested.

Volunteerism

Submitted by: Martha Curl

Do you volunteer? Not referring to OCRA or NCRA, just volunteering in general. I am not writing to "toot my own horn or anything" but just want to share my volunteering and why I do it. First off, I love to volunteer and pay it forward when I can as it really brightens my day and makes me feel good.

My volunteering really started after my mom's cancer diagnosis with the Relay for Life, for many years. I then kind of switched over after my son's cancer diagnosis to organizations that support children's cancer. That is where the Ronald McDonald House comes in and the Candlelighters. I have volunteered for both in one fashion or another since 2009, the year after his diagnosis. Whether it is collecting pop-tabs, bath products, donating blankets or books, seeking volunteers to volunteer cooking a meal with me, that is what I do to help. Most recently Deborah Towell and Lori Lucente graciously volunteered with me at the RMH Gala and that was an experience to remember for a lifetime. It was so rewarding and fun.

With the Candlelighters, I have helped obtain donations for the annual Christmas party and even helped serve the meal. With Trent being 22 now, it is more fun to help and watch the other families with younger kids or kids that are just going through treatment enjoy the experience.

I have also done Light the Night, which is another fundraiser for Hematopoietic Diseases.

I also volunteer for the archery club, Cascadian Bowmen. I used to run the kitchen and do all of their cooking but now I run their annual raffle at their biggest shoot of the year.

Then there is the VFW. I don't do much volunteering for them now as I have in the past, but I continue to be a Life Member. A year ago, this past October, I volunteered for the Honor Flight. That is a flight that takes WWII, Korean War and now Vietnam Veterans back to DC for free of charge. I went as a guardian to a Korean War Veteran and as a Guardian you pay your own expenses. Again, what a memorable lifetime experience.

My kids are now almost 26 and 22, so all of the school volunteering is done. I used to volunteer in the classrooms and can't tell you how many soup labels and box tops I cut and collected, but definitely in the 6 digits. When I think about the age of my kids, it is kind of alarming to me as

they were both born while I have been in this field and grown up with a lot of “Cancer Registrar Moms”.

Do you ever pay it forward? A couple examples are being a Secret Santa for one of our Candlelighter families. Most recently when they came out with the new Oregon Duck jerseys stomping out cancer, one of the boys really wanted one but they couldn’t afford it. When I was there at the store picking up mine I picked up an extra one for him. The store knew what I was doing and gave me 20% off. He was ecstatic and his mom sent me a video of him. That made it all worth it. When I was in the grocery line waiting to pay for my groceries. I could tell the lady in front had bought just enough to prepare a dinner for that evening. She didn’t have enough money and was going to have to put something back. I remember doing that growing up. As a kid it was always embarrassing and I am sure it was hard for my mom to pick out what we really didn’t need. I couldn’t let this lady choose what she didn’t need for that meal because she wasn’t buying anything that she didn’t need and I paid for what she couldn’t. Most recently, I went out for lunch on Veterans Day. The restaurant didn’t offer a free meal or discount as some do for Veterans. When I was done eating, I walked over to another table with a Vietnam Veteran and thanked him for his service and paid for their lunch. That pure thankfulness just makes me feel good.

I know we are all busy in our work and with life in general and you think you don’t have the time. I have done this over several years, not just in one year. Just take the time, even once and experience the feeling. In the world today, I need this.

CONGRATULATIONS TO OUR NEWEST CTR’S

I am delighted to announce that we have a newly-certified CTR in the Asante Cancer Registry: **Wendy Williams, RHIT, CTR**! Wendy passed her exam this most recent exam cycle (right after working diligently on all of our OCRA Workshop preparations this fall). She completed all of her AHIMA courses over the past two years, in which she also passed her RHIT exam, and is just an amazing member of our team. Please join us in congratulating her on a job well done!

Amanda

Congratulations also go to Caroline Hood on passing her CTR exam! We are all proud of you! This is no small accomplishment and we know how much work and time that you put into your education and we want you to know that we are happy that you chose this field to explore, experience and learn.

Bonnie

ON A SAD NOTE.....

Dear colleagues,

I'm writing to pass along the sad news that Andrew Glass, MD, a retired CHR investigator with a long history of leadership at Kaiser Permanente Northwest, passed away on November 16. The cause was glioblastoma, an aggressive type of brain cancer.



Despite his busy professional life, Dr. Glass dedicated much of his time to volunteerism. For 10 years, he served as Oregon's Health Services Commissioner, overseeing the prioritization list of covered treatments under the Oregon Health Plan. He also made several trips to India with his late wife to set up hospital-based cancer registries.

Sincerely,
Lucy

Lucy A. Savitz, PhD, MBA

Vice President, Research

Director, Center for Health Research, Oregon | Hawaii

Dr. Glass was an honorary member in OCRA, and he will be missed. Rest in peace Dr. Glass, your legacy lives on.



Note from the Editor:

I wanted to thank you for the opportunity to be the newsletter editor this year. I have enjoyed hearing from you and your enthusiastic comments.

I also want to express my heartfelt thanks to you for honoring me with the Distinguished Member Award this year. As I sat there listening my thoughts were probably like yours... I wonder who it is? Well, this person has been in the business as long as me! It wasn't until I heard mention of the Quick Reference Handbook of Oncology Drugs that it dawned on me that those wonderful words were about me! So many of you are worthy of the award, I wanted to share it with all of you.

So, as I hand off the Newsletter to Laura Wallace capable hands I want to thank you all again for your support, friendship and teamwork.

Bonnie

