

Fall Newsletter

President Message

Hi Everyone

Hope everyone was able to stay cool in this long hot summer. The Fall heralds change, it is in the air, and the leaves.

ICD-10 finally arrives October 1. [Link to the countdown clock](#)

Also the time is counting down on Collaborative Stage (sort of), it kind of goes away and yet it lingers.

And Summary Staging is back and we get to learn, or for some remember, how to summary stage.

And now for OCRA, there are also changes in the air, it all starts at the Fall Workshop on the 8th and 9th of October.

We will have an interesting General Meeting; we have several things to address as an Association and I hope we will have a robust discussion. I hope we can make changes to the Association to better serve our members and set new goals to improve our association.

I hope you will be able to attend and not just for the CE's, but for the fellowship with other members and to participate in the meeting and add your voice to the decisions.

Thank you

Shannon Ramos

2015 OCRA President

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Special points of interest:

***DON'T FORGET TO
REGISTER FOR THE
FALL CONFERENCE!***



Fall Workshop October 8th & 9th

Topics/Speakers

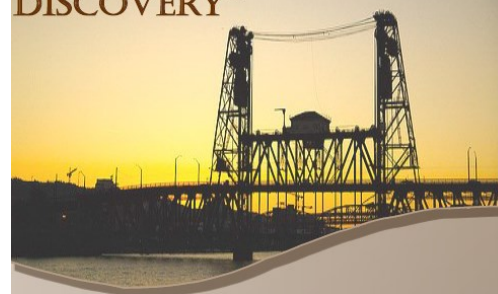
- ♦ The Evolution of the Surgical Management of colorectal Cancer: Dr. Liana Tsikitis, OHSU
- ♦ War on Melanoma. Dr. Sancy Leachman, Knight Cancer Institute
- ♦ Gastrointestinal Stromal Tumor Risk Stratification, Prognosis & Treatment. Dr. Michael Heinrich, OHSU
- ♦ Hypofractionated Radiotherapy: Stereotactic Radiosurgery & Stereotactic Body Radiotherapy. Dr. Andrew Kee, Legacy Health.
- ♦ Female Sexuality & the impact of Chronic Disease. Dr. Audrey Curtis, Legacy Health.
- ♦ Hyperthermic Intraperitoneal Chemotherapy, Dr. Erin Gilbert, OHSU
- ♦ Interactive Staging game. Claudia Cooksie, RHIT, CTR
- ♦ HPCDP Work Throughout the Cancer Continuum. Karen Girard
- ♦ DQE 5 year Audit Summary. Claudia Cooksie, RHIT, CTR
- ♦ Directly Coded Summary Stage, Rectosigmoid/Colon Cancer Cases. Deborah Towell, CTR
- ♦ Registrar Toolkit. Mollyl Sengvongxay & Linda Shan
- ♦ Abstracting Hematologic Malignancies-Stepping up your Game. Leela Coleman, CTR.
- ♦ The Central Cancer Registry Data Use for Cancer Control Programs. Meena Patil & Jeff Soule

THANK YOU TO OUR 2015 PLANNING COMMITTEE FOR PUTTING THIS WORKSHOP TOGETHER.



Oregon Cancer Registrars' Association
&
Oregon State Cancer Registry
2015 Annual Fall Education Workshop

"BRIDGING CANCER DATA AND DISCOVERY"



Hosted by
Oregon Health & Science University
Portland, Oregon

PLANNING COMMITTEE

Marsha Beal RHIT,CTR-OHSU (Chair)

Bethany Dirik-OHSU

Lisa Kelly, CTR-OHSU

Kristin Lakin, CTR-OHSU

Teresa Mason, CTR-OHSU

Kathy Mayer, CTR-OHSU

Melania Tolan-Hudson, CTR-Legacy

Erin Watson, RHIA,CTR-OHSU

Shannon Evangelista OSCaR Research Analyst

Cancer in the News

- * A new study on breast cancer may leave women more confused than ever before. It concerns ductal cancer in situ (DCIS) — a condition that many cancer experts argue shouldn't even be called cancer. [Read More](#)
- * Scientist work on New Liquid biopsy' for Breast cancer. British scientists say they've got a promising new blood test that might warn breast cancer patients that they're about to have a relapse. [Read More](#)

Jay Bradner: How Does Cancer know it's Cancer?



Sitting VS Standing: Is Sitting the New Smoking?

By: Martha Curl, CTR



Cancer Registrars have historically been considered as a sit down desk job. Most of us have been in our position for a long term which equals many hours of sitting. In a full time job that constitutes to approximately 1,920 hours of sitting and in 20 years that is approximately 38,400 hours of sitting. Then imagine throwing in some overtime into those figures which many of us have done at one time or another.

With the transition of many Cancer Registrars to teleworking has this changed any? For me, it has. Previously when working in the office, I felt I was up and moving around more as there were office tasks which required you to do so. If you had a question or wanted to talk to another registrar you would normally go over to their cubicle. You would also get up and out of the office for your lunch and/or breaks.

I have worked remotely for over 10 years and have found that I get up and move less than when I was working in the office. I don't have those office errands to run and I don't have another co-worker to walk over and talk to. For a question now, I am still sitting at my desk, either making a phone call, sending an email or sending an IM (instant message).

Hearing so much that standing is better and sitting is the new smoking, I decided to give it a try. Unfortunately you cannot work standing up from your normal desk unless you are quite creative. I acquired a stand up desk which does move up and down but not without much difficulty. So I opted to leave the desk in the standing position and purchased a stand up stool chair. I also purchased a memory foam pad to stand on.

I have been sitting in my job for 24 years and I knew I wasn't going to be able to stand all day. It was a gradual process. At first I thought it was a bad idea, as when I started standing, other things started hurting like my low back, hips, and feet. I had to have a visit to the chiropractor but he was happy to hear of my change. He gave me several exercises to work on. I did those exercises and kept gradually increasing my standing time which now I can stand for most of the day. Vari Desk also has an AP available on www.varidesk.com that you can use with variables on your time for sitting and standing. It also shows calories burned.

Dr Miles Hassell, Internal Medicine at Providence noted the pros of avoiding sitting seem to be pretty dramatic, in that more sitting is associated with more deaths, heart disease, cancer and diabetes even in those who exercise regularly. And the risks appear to be higher than the risk associated with obesity. For a good meta-analysis, see Annals of Internal Medicine 2015;162:123-132.

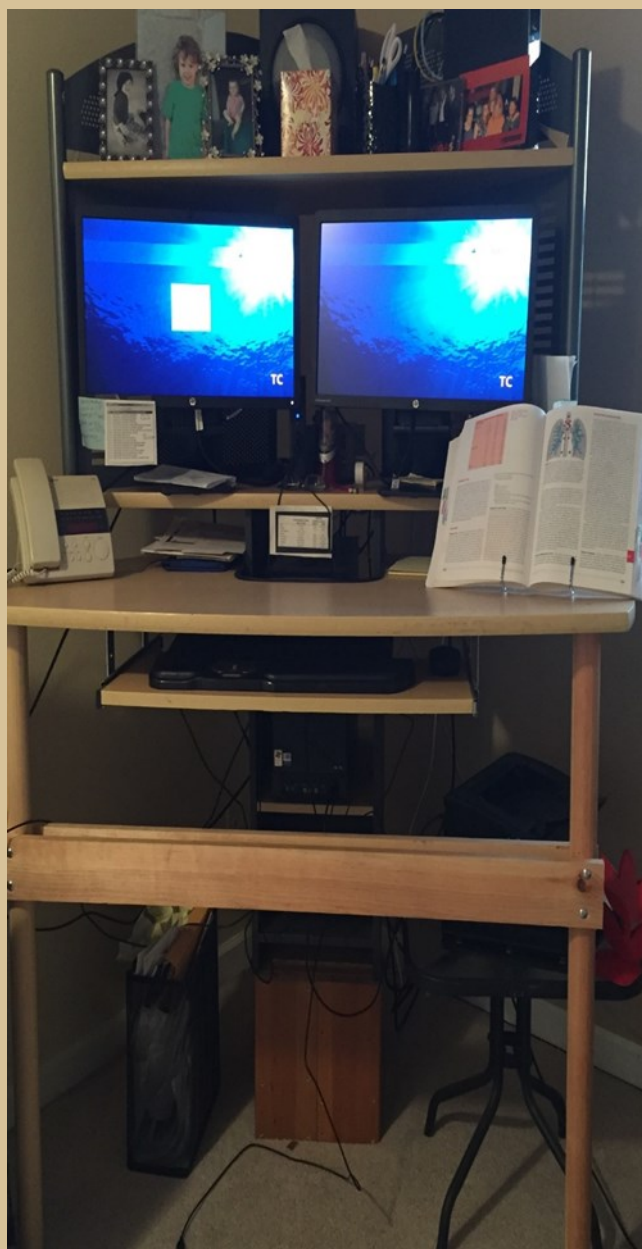
--The study provides the strongest evidence so far, to suggest that long periods of sitting is associated with various health outcomes. Furthermore, while regular or high levels of physical activity seems to have protective effects on reducing sedentary time-associated risks, we believe there is sufficient evidence to suggest that a focus on promoting regular exercise AND reducing sitting time to be a better public health message.

In summary, the take home message is clear to me, **sitting less** and **standing more** is better for your health, as is exercise and eating healthy. Whether you work in the office or remotely, give it a try. If you don't have a stand up desk and don't want to purchase one, be creative or shop around. Besides myself, at PHS, we currently have three other registrars that use these desks and they are all different, which I have included pictures below.

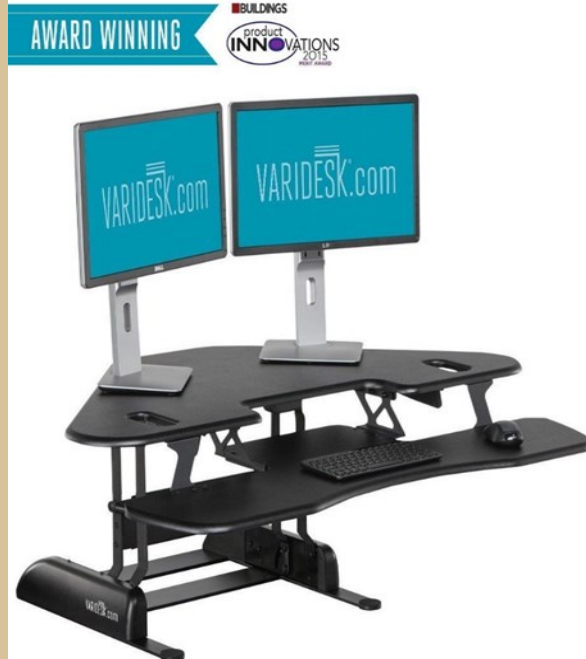
Martha Curl Stand up Desk with stool/Chair
(Chair from Costco \$199)



Kelly Denniston Stand up Desk.



Shelly Lindsey, Vari Desk in Standing and Sitting Positions



Janice McDaniel Also has the Vari Desk

Price range \$350-400





Coding: Mastectomy with tissue expanders

You shouldn't code tissue unless tissue was taken from somewhere else in the body and moved there to recreate the breast. This would be an implant because the expander will be replaced with an implant, it is just there to stretch the skin so an implant will fit. Sometimes you have both tissue and an implant.

Here is a good website to show in easy terms the different types of reconstruction.



Here are the FORDS codes for easy reference:

40 Total (simple) mastectomy

41 WITHOUT removal of uninvolved contralateral breast

43 With reconstruction NOS

44 Tissue

45 Implant

46 Combined (Tissue and Implant)

(Courtesy of Kelly Denniston RHIT, CTR via conversation with Donna Gress)



Congratulations on passing the CTR exam!

- ♦ Kelly Denniston: Providence Medical
- ♦ Terri Crandell: Kaiser Permanente
- ♦ William Dausel: LHD & B Abstracting Services



2015 NCRA CTR EXAM:

October 17-November 17

(Application deadline September 18th)

www.ctrexam.org

CTR Exam Scholarship:

As a reminder for anyone who is planning on taking the exam there is a scholarship available.

Michele Henson Memorial Scholarship through OCRA

Pays for cost of exam up to the NCRA members cost



2015 ELECTED OFFICIALS

President: Shannon Ramos, CTR

President Elect: Catherine Gunn, CTR

Treasurer: Lori Lucente, BS, CTR

Secretary: Carol Funk, CTR

Past President: Bonnie Kubli, CTR

**Would you like to write an article for the newsletter?
Or have something related to the cancer field that you would like to share?**

Please send your Newsletter submissions to Deeanna at

Deeanna.X.Patton@kp.org

Deadline: December 4, 2015

POSITION OPENING

OCRA Historian: As historian you will collect & document important and interesting facts amongst OCRA members in scrapbooks.

For example: New CTR's, retirees, new babies. Pictures from cancer related activities, OCRA, NCRA, Relay for life, Light the Night and Fundraisers for the Ronald McDonald House.



We're on Facebook!

www.facebook.com/OregonCancerRegistrarsAssociation