



CANCER REGISTRARS ASSOCIATION OF NEW ENGLAND

NEWSLETTER

**Volume 11, Issue 2
Summer 2018**

www.craneweb.org

A MESSAGE FROM THE PRESIDENT

Welcome Summer, glad you decided to arrive!! Like AJCC 8th edition and the Standards for Oncology Entry (STORE) manual, you seemed to have been a bit delayed....

Well, if it is June that means that I am back from NCRA. The NCRA'S 44th Annual Educational Conference took place in May in New Orleans. It was as informative as always, with day one providing updates from NCI-SEER, CoC and NCDB quality measures, and the AJCC 8th edition. The second day was dedicated to 8th edition staging. The final day had concurrent sessions on five topic areas: Cancer Registry Management, Central Registry, Hospital Registry, Informatics, and Professional Development. These topics help with planning and discussing of what we may want to focus on at our CRANE Annual Meeting. Attending the State Presidents' Lunch was also informative. It seems that many organizations are experiencing the same challenges: membership not growing, shortage of CTRs, getting members involved, effective Websites, etc.

Since I mentioned it, let's talk about getting involved! It is that time of year that we begin looking for members to consider running for a position or joining a committee. Tracey McDuffie is Chair of the Nominating Committee. Wouldn't it be great if she received multiple emails from members wanting to be more involved with CRANE? The Standing Rules and Bylaws are available to all on the website. Personally, I would like to see each state have at least one member on the Board.

Oh boy, I did it again...I mentioned Bylaws. Please read the report from the Bylaws Committee Chair, Deborah Perriello. Hopefully we can agree on the proposed changes and have a vote once we secure a date and location for a one-day meeting.

I'm excited to announce that we've chosen a location for the CRANE Annual Meeting. I want to thank everyone that has already reached out with topics. Christine Hesemeyer, CRANE Vice President, has been very involved in planning. She has provided more information in the newsletter.

I also want to mention that we will again be "giving back". Susan MacKenzie's idea to donate to the New London Food Pantry was inspiring –

EXECUTIVE COMMITTEE 2018

ELECTED OFFICERS

**Brenda Joseph, MS, CTR
President**

**Georgette Santilli, CTR
President-Elect**

**Nancy Lebrun, CTR
Immediate Past President**

**Christine Hesemeyer, CTR
Vice President**

**Paula Darsney, CTR
Secretary**

**Lynn Zollin, CTR
Treasurer**

STANDING COMMITTEES

**Deborah Perriello, CTR
Bylaws**

**Susan MacKenzie, CTR
Education (Interim)**

**Susan MacKenzie, CTR
Ethics**

**Mary Lemieux, CTR
Membership**

**Tracey McDuffie, CTR
Nominating**

**Laurie MacDougall, MS, CTR/
Jeannine McKinney, CTR
Public Relations**

**Jeannine McKinney, CTR
Website**



CRANE members donated over 1,000 pounds of food products! Let's think of what we want to do this year!

In closing, I hope with each newsletter we can expand contributors. Being from Massachusetts I receive the MCR Information Corner, which is packed with information. If each state has something similar, we should talk about either posting them on the CRANE website or submitting excerpts for publication in the newsletter. I'll be in touch!

Brenda A. Joseph, MS, CTR
2018 President

IMMEDIATE PAST PRESIDENT'S REPORT

Hello all! I have attended all CRANE calls and assisted when needed. The CRANE Board is planning a wonderful annual meeting in the fall. Hope to see everyone there!

Thanks!

Nancy Lebrun, AS, CTR
Immediate Past-President



COMING SOON....

Call for nominations for CRANE office!



BYLAWS COMMITTEE REPORT

The membership will soon be presented with two revisions to the current CRANE By-Laws.

Annually we reach out to the members to nominate CRANE members to hold positions on the Executive Board. During our Annual Meeting members are selected to form the Nominating Committee. Bylaws, Article VII, Committees, Section II, Nominating Committee, states:

The Nominating Committee shall consist of five (5) members to be elected at the Annual Meeting. This committee shall be responsible for conducting and implementing all elections of CRANE. The elected committee shall meet at the close of the annual meeting to elect the chairman.

CRANE recently moved to electronic voting and members of the Nominating Committee and the CRANE Executive Board suggested reducing the number of Nominating Committee members from five (5) to three (3). The work volume for the committee was reduced when CRANE moved from manual/paper to electronic voting and this justifies having fewer members on the Committee.

The second proposed bylaw revision involves the term of office for the CRANE treasurer. Section V, Term of Office in the bylaws currently states:

The term of office shall be from January 1 to December 31. The term of office shall begin January 1 "yyyy".

The Board suggests the term of office for the position of CRANE Treasurer be changed. The proposed bylaw change would read:

Each officer, except the Treasurer, shall hold office for one year or until his successor has been elected and qualified. The Treasurer shall hold office for a two-year term or until his/her successor has been elected and qualified. The term of office shall coincide with the calendar year of the organization, from January 1 to December 31. The term of office shall begin January 1 "yyyy".

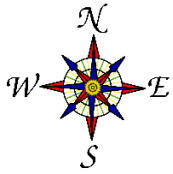
The justification for these changes will be officially presented to the membership as outlined in Article X of the bylaws, Amendment of Bylaws:

These bylaws may be amended by a two-thirds (2/3) vote of the voting members present and voting at any business meeting of CRANE, provided that the amendment has been proposed by the Executive Board, Standing Committee, or by an active member in good standing. All proposed amendments will be submitted to the Bylaws Committee for review. The Bylaws Committee will be responsible that a copy of the proposed amendment has been submitted in writing to every member one month prior to the business meeting at which it will be voted upon.

Please watch for correspondence from the CRANE Executive Board and Bylaws committee with information regarding proposed changes.

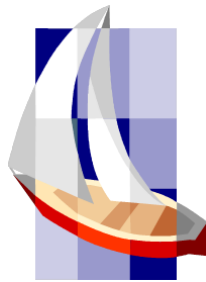
Deb Perriello, CTR
Bylaws Committee Chair

NAVIGATING THE FUTURE



The Boston Marriott Burlington will be the location for the Cancer Registrar Association of New England's 43rd annual meeting, which will be held on October 22-23, 2018. It is a beautiful hotel that has recently been renovated and offers many areas to "hang out" and network with your peers. The hotel is also in a great location with many shopping areas and restaurants nearby. Some of the local attractions are Minuteman National Historic Park, National Heritage Museum in Lexington, the Museum of Science, Faneuil Hall, Quincy Market, and of course Fenway Park, home of the Boston Red Sox!

The theme "Navigating the Future" was chosen because of all the changes that we are facing in our profession. We are currently working on the agenda and details of the conference. The room link is on the flyer (page 9).



CENTRAL REGISTRY UPDATES



Maine Cancer Registry

The staff of the Maine Cancer Registry (MCR) has been busy with our annual submission of data for the 1995-2016 data years to the National Program of Cancer Registries (NPCR) and the North American Association of Central Cancer Registries (NAACCR). We would like to thank all the registrars and reporters that have submitted their cancer cases and supplied additional information for follow-back requests from 2016 Pathology Clearance. Additional follow-back letters are being sent to physicians and hospitals to complete this process. Death Clearance has been performed, and follow-up letters to hospitals and physicians will be sent in August.

MCR has again received Gold Certification from NAACCR and has received the Registry of Excellence

award from NPCR for data quality and completeness. Maine is one of sixteen states that have received this award from NPCR; fifty registries are eligible for this distinction.

Our annual training of hospital registrars and reporters was held on June 8th at Central Maine Medical Center in Lewiston, Maine. We had the repeat pleasure of having a guest trainer, Melissa Riddle, CTR, from the Arkansas State Cancer Registry. Her topics included SEER Summary Stage 2018, Coding Grade 2018, and Site-Specific Data Items. My topics included updates for 2018 including a brief introduction to the radiation treatment codes and AJCC 8th edition staging on cancer sites presented at the NCRA annual meeting (breast, prostate, colorectal, lung and a brief update on head and neck sites). Our director, Dr. Molly Schwenn, did a presentation on the risk-associated cancers in the state of Maine using Maine's 1995-2014 data.

Kathy Boris, CTR, Data Quality Manager
Maine Cancer Registry



Massachusetts Cancer Registry

Death Clearance Process

The Death Clearance process for 2016 deaths will be underway at the Massachusetts Cancer Registry (MCR) beginning in mid-June. You will receive our death clearance mailings requesting information on those patients that expired at Massachusetts facilities with a reportable disease that is not in our state registry. In order to meet SEER standards, we will need to reduce the usual number of cases for which we can find no pre-death diagnosis.

Your returned *Supplemental Form*, along with the information recorded on the death certificate, are the only resources we have to abstract these cases. A *Supplemental Form* returned with "Patient not diagnosed or treated at this facility" does not give us any information about the disease. Any information about the cancer gives us something to work on. Even information like "patient diagnosed with left breast cancer 10 years ago" is good information. An example is provided below for such a case:

Electronic Death Certificate Form (enclosed with MCR mailing packet) has breast cancer highlighted. After review of the patient's medical record, the only documentation regarding breast cancer is in the History and Physical. There it is stated that patient was diagnosed and treated for left breast cancer in 2000 and has been free of disease since.

In this case, the registrar would have enough information to fill in primary site, laterality, year of diagnosis, and treatment (although unknown). In the *Comment* line, you should note that the only information available was from the History and Physical. The returned *Supplemental Form* would provide for us confirmation of cancer and the year of diagnosis. By documenting in this manner, we will not have to call you.

MCR/DF/BWCC Seventh Annual Educational Workshop

The MCR's 7th Annual Educational Workshop will be hosted by Dana-Farber / Brigham and Women's

Cancer Center on Thursday, November 1st at the Dana-Farber Cancer Institute, Yawkey Building, Conference Room 307, Boston, MA.

NPCR/SEER Dual Funding and 2018 Reporting

The MCR has been a CDC/NPCR registry for over 20 years. Beginning May 2018 we became a dual-funded registry with the start of an NCI/SEER contract. This means that we will need to meet both NPCR and SEER data requirements. We have been waiting for NCI to tell us officially when they would begin imposing the SEER requirements on us, so that we will know what to tell our reporting facilities. The NPCR requirements for 2018 are also dependent on our status with SEER reporting. On June 11th we were told that the SEER data collection requirements will begin for Massachusetts as of 2019 diagnoses. This is a great relief! This gives us time to hire the new staff that will be needed to meet additional SEER data standards. The largest change for us at the central registry will be the SEER requirement to perform annual active follow-up for each patient, and NCI is still deciding when that requirement will begin; they could retroactively impose this back to 2016 diagnoses because they want us to participate in this November's SEER Call for Data.

Reminder: Because of the many new data fields introduced for 2018, you cannot submit any 2018 diagnoses to the MCR until you have your 2018 (NAACCR Version 18) abstracting software, abstracting materials, and edits. You should begin your 2018 abstracts in your V16 software and wait to complete them after your software conversion. As of early June we are still waiting for the standard-setters to release some of their 2018 manuals, tools and edits. Software vendors may not have their products ready until the autumn. 2018 diagnoses that are accidentally sent to us in V16 will need to be re-submitted from V18 software later in the year -- we will let facilities know which cases need to be re-submitted.

Now that we know NCI will delay our SEER data collection requirements to 2019, the MCR will email details on 2018 data collection to our facilities and software vendors. In the meantime, here is an overview of the changes for 2018 diagnoses.

MCR/NPCR Requirements: New V18 Fields

Grade Clinical/Pathologic/Post Therapy

CoC Accredited Flag

SEER Summary Stage 2018

AJCC 8th Ed. staging Clinical/Pathologic/Post Therapy from CoC-accredited facilities

Phase I Radiation Treatment Modality

selected Site-Specific Data Items, dependent on whether or not a CoC-accredited facility

Medicare Beneficiary Number requested -- when available

In preparation for SEER reporting, we will require a few old fields that are merely required-if-available under 2018 NPCR reporting -- Occupation/Industry Text, Marital Status at Dx, Primary Payer at Dx, and Place of Death Country.

No Longer Required for 2018 Diagnoses for MCR

pre-2018 Grade (ICD-O-3 6th digit)

TNM 7th Ed. fields

SEER Summary Stage 2000

Collaborative Stage SSFs that had continued beyond the CS years

Radiation Regional Rx Modality

Remember that these and other fields are still required for pre-2018 diagnoses that may be reported in the future. For example, if a Class 32 diagnosed in 2015 is sent to us in 2019, the old Grade and CS fields will

need to be completed (with unknown values if necessary). We believe that the old Radiation fields on legacy data will be converted to fill the new fields in V18 software, so going forward you will complete only the new suite of Radiation fields regardless of diagnosis year.

Susan T. Gershman, MS, MPH, PhD, CTR
Director, Massachusetts Cancer Registry



Rhode Island Cancer Registry

The Rhode Island Cancer Registry (RICR) would like to welcome Stephanie Rego to our team. Stephanie has taken the systems administrator position and is in the process of training. Stephanie is a recent graduate of Rhode Island College. Please join the rest of the RICR staff and welcome Stephanie.

The North American Association of Central Cancer Registries (NAACCR) has awarded the RICR Gold Certification for the 20th year in a row. This would not be possible without the work of hospital cancer registry staff. In Rhode Island, the RICR has the advantage of dedicated hospital cancer registry staff whose quality of work makes our jobs a whole lot simpler.

The RICR has been awarded the 2017 Registry of Excellence from the CDC National Program of Cancer Registries (NPCR) in recognition of providing complete and timely data. CDC NPCR has also recognized the RICR as a U.S. Cancer Statistics Registry for Surveillance for providing critical and high-quality data that is included in the official federal statistics on cancer incidence and mortality, United States Cancer Statistics (USCS).

Nancy Lebrun, CTR
Director, Cancer Information Systems
Hospital Association of Rhode Island
Rhode Island Cancer Registry



Vermont Cancer Registry

Cancer registries do not have all documentation, training, and software necessary to implement NAACCRv18 for 2018 diagnoses. We have asked the National Program of Cancer Registries to consider postponing the requirement to implement NAACCRv18 until 2019 diagnoses.

Please visit our cancer registry page, <http://www.healthvermont.gov/health-statistics-vital-records/registries/cancer>, to view the *2018 Reporting Requirements Preview* document. Please continue to

check back here for updates.

Please visit our cancer statistics page, <http://www.healthvermont.gov/health-statistics-vital-records/surveillance-reporting-topic/cancer>, to download copies of recent publications:

- *Age Adjusted Incidence and Mortality Rates, 2011-2015*, is a two-page handout with tables showing the average number of Vermonters and the age-adjusted incidence and mortality rates for the most common cancers.
- *Cancer Data Pages* are designed to be a resource for anyone interested in cancer data in Vermont, especially Department of Health partners who may want to use one or more slides in a presentation. Data are provided on all parts of the cancer continuum from prevention and early detection through to survivor health and cancer mortality.
- *HPV Associated Cancers Data Brief* is a four-page report on the incidence of the many cancers that have been linked to HPV infection.

Ali Johnson, CTR
Cancer Registry Chief
Vermont Department of Health



Nancylee Campbell, CTR
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Cancer Registrars Association of New
England presents:

"Navigating the Future"



SAVE THE DATE

for the 43rd Annual CRANE meeting

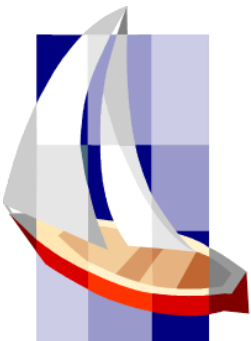
October 22-23, 2018

To be held at:

The Boston Marriott Burlington

1 Burlington Mall Road, Burlington, MA 01803

**[Book your group rate for Cancer Registrars Association of
New England \(CRANE\) 43rd Annual Meeting 10.21.2018](#)**



Please submit topic ideas and suggestions. If you would like to be
speaker, please let us know.

Louanne Currence is a scheduled presenter.



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