TRAC Newsletter

EDITION XX

Our Mission Statement

- **T**o support professional standards and ethics for cancer registry professionals.
- **R**aise the level of knowledge and performance of the cancer registrar through continuous education.
- **A**pprise members of the Association of current activities, research, and trends in oncology.
- **C**ontribute to the betterment of patient care through research and education in cancer registry administration.
- Seek active liaison with professional and government organizations which utilize data received from tumor registars.

PR & COMMUNICATIONS

Stay connected with our organization's updates on our newly designed Website at

https://ct-trac.org

Social Media

Network with us on ***Linked In*** and follow us on **Facebook.**

If you would like to contribute to this newsletter, please email us at TRAC@CT-TRAC.org

EDUCATION

Please consider topics and/or faculty for our Annual Educational Meeting. We have a committee to help plan and secure speakers.

Contact Kashanna Hector at

Kashanna.hector@ct.gov

2023 MEMBERSHIP

Currently, we have 42 members. A member of TRAC receives cost savings on education, opportunities to network with supportive professionals, and a chance for personal and professional development.

Join now!

PRESIDENT'S MESSAGE

Rosemary Crawford, BS, CTR

Hello TRAC members!

Happy Summer (almost). Although as I write this it doesn't feel like summer weather!

Thanks to all who registered for our June TRAC meeting. We have a great agenda planned and expect the meeting to be informative and educational. For those unable to attend this meeting, we will be planning our annual fall meeting soon. Please send suggestions for topics you would like covered or potential speakers. More to come on this.

I'm sure you have all heard that NCRA is renaming the CTR credential so that it is consistent with current terminology and scope of practice. They are planning on announcing the new credential in mid-2023. Stay tuned for further guidance on how to manage the transition once the announcement is made.

Soon it will be time for the TRAC Executive Committee elections. Please consider running for a position or being involved on one of our standing committees. It is critical for members to support our organization for it to continue to be successful. And it is a great opportunity to collaborate, network, and be part of a team-please volunteer!

Respectfully,

Rosemary Crawford

TRAC president

Vice President's Message

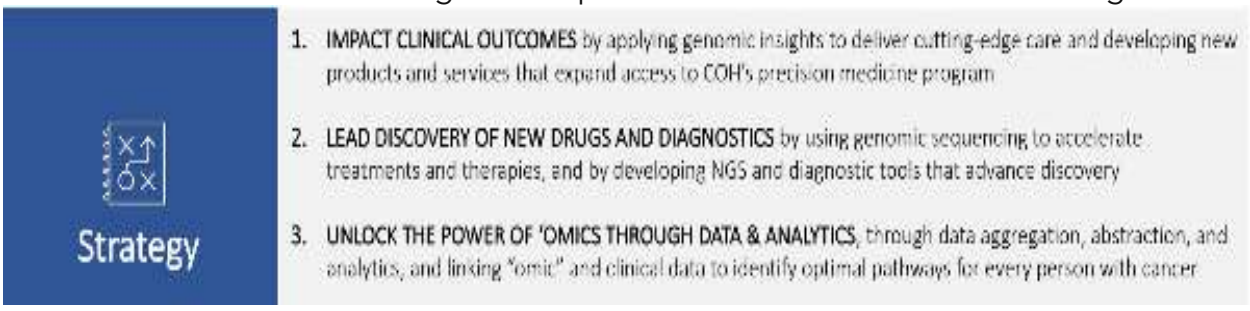
Kashanna Hector, MAFM, CPC, RHIA, CTR

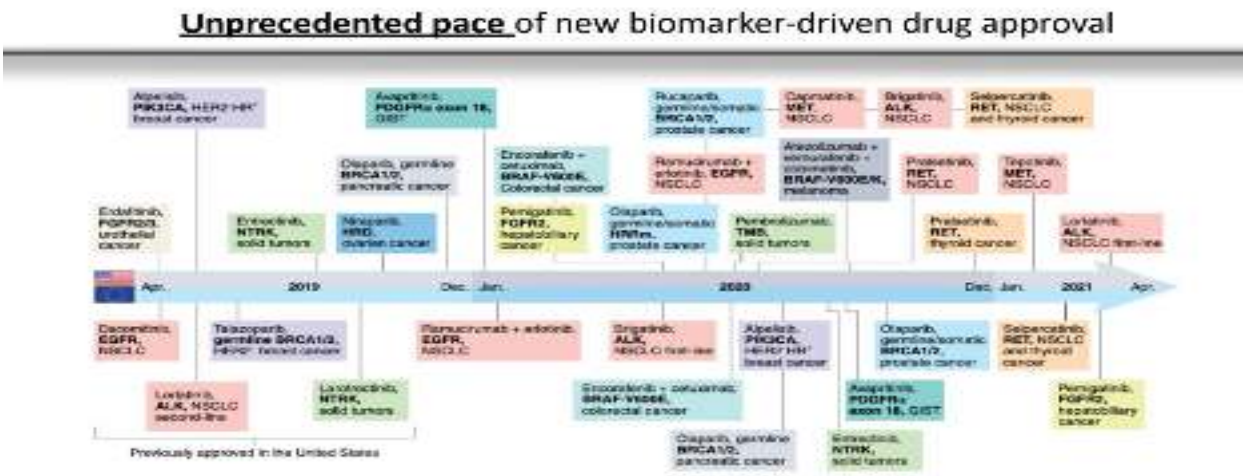
NCRA 49TH Annual Conference San Diego CA May 7-10,2023
Theme: Sailing Towards New Horizons

I want to thank TRAC & CT DPH for the opportunity to attend my first NCRA conference in person this year. It was truly amazing!! Some of the highlights I want to share with our members:

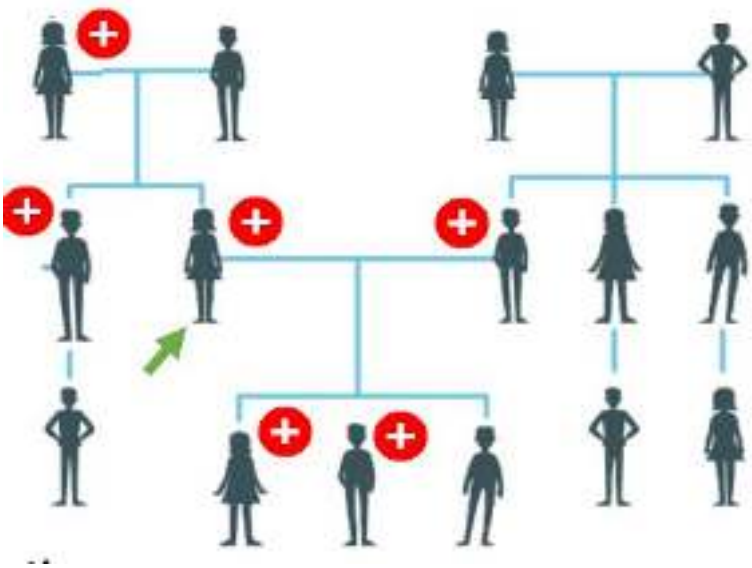
Day 1

Keynote Speaker Stephen Gruber, MD, PhD, MPH gave a phenomenal presentation on research programs and how the genomics of cancer along with precision medicine can help improve cancer patients' treatment. There are two types of Genomes – the Tumor DNA and the Human/Inherited DNA. When Germline testing is done, 155 Gene Inherited Cancer Gene Panel is tested along with (Invitae) 59 Gene Actionable Disorders Panel. This analyzes the 59 genes identified as medically actionable by the American College of Medical Genetics and Genomics. The turnaround time for results is nine days and there isn't a cost for family members to get tested if a mutation is detected, but they must be tested within 150 days. When somatic genetic testing is done, the whole exome is sequenced and can be used to identify mutations for many diseases. The turnaround time is 14 days. There are still significant gaps in these genetic tests. According to scientific reports, 5% of genetic testing miss pathogenic variants because they do not meet the NHS testing criteria. The City of Hope Cancer Center has three strategies to improve these outcomes see the strategies listed below.





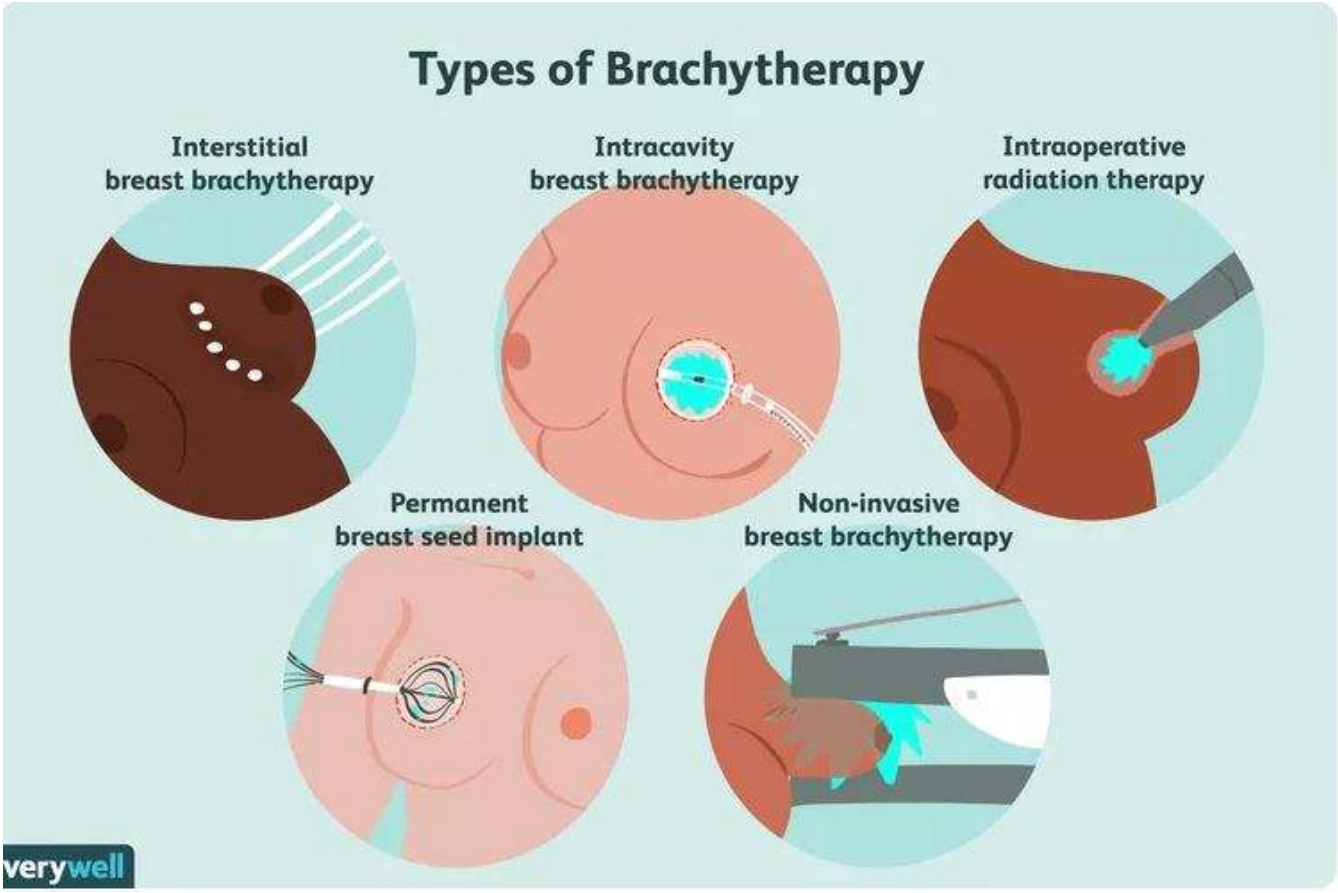
One example of the effect of precision medicine making an impact on a cancer patient and her family, was a woman diagnosed with breast cancer and from her diagnosis, six other family members were identified and were then able to access lifesaving treatment and prevention services.



Day Two was a great refresher with information about the following disease sites: Breast, Colorectal, Pancreas.
NCRA update: Congratulations to Sheri Amechi, CTR who won the election for 2023-2024 NCRA Educational Board Director.
No update about a new name for the CTR. Expect to hear good news during mid-summer.
NAACCR- Upcoming Conference June 19-22, 2023 in New Orleans; NAACCR launched its Mentor Ambassador Program for more information visit https://www.naaccr.org/naaccr-mentorship-program/
Stephanie M. Hill MPH, CTR spoke about the process it takes to create new standards and how current standards get modified. Requested changes undergo a 10 month change management process in addition to 8 months to implement the change. It is a long process, and they are working to improve the timeline it takes to implement change.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10198419/#sec-3title This article was published in J Registry Manag. 2021 Winter; 48(4): 186–187.Published online 2021 Dec 1.

Day Three Concurrent Tracks
I enjoyed the presentation on "How to Calculate Cancer Registry Productivity" with speaker Gina McNeills,MA, RHIA, CHP,CTR She provided formulas for calculating staff productivity in regard to specific functions such as Case finding, Abstracting, and Follow up. She also spoke about how to calculate the # of FTE staffing needs.
I also attended the presentation "Radiation: The Machines, The Plans, The Coding" by speaker Ashley Maxey, BSRT(T), CTR. She had great illustrations for breast radiation that can be found at https://www.verywellhealth.com/brachytherapy-430387



AJCC Version 9- What's coming next and where to get it:

Coming in 2024 AJCC 9 Version

- Vulva
- Neuroendocrine Tumors
  - Jejunum Ileum
  - Pancreas
  - Colon rectum
  - Stomach
  - Duo-Vater
  - Appendix


WELCOME TO THE 49TH
NCRA ANNUAL EDUCATION CONFERENCE!

From the Nominating Committee

Jennifer Rodriguez, AS, CTR

A new voting year is upon us!

The Call for Nominations for the 2024-2026 term will take place in early to mid-September. The Nominating Committee will ask TRAC members to nominate eligible candidates to serve as President, Vice President, Treasurer and Secretary.

Additionally, the Nominating Committee will reach out to members that may not have been nominated but have been identified as suitable candidates. Any nominees must accept their nomination in writing. A list of the nominees will be provided to the President 7 weeks before the fall meeting. We will continue to use Survey Monkey as our voting platform this year. We ask all eligible members to consider serving your organization.

New recruits bring forward new ideas and fresh concepts which help us grow and thrive. If you feel like you would like to try an office seat but are afraid you may not understand the responsibilities of the role, the executive committee and any former officers would be happy to mentor or help you. Our goal is to remain current, provide education, have representation in our field and to carve a path for future CTRs!

Jennifer Rodriguez, CTR
Nominating Committee Chair

Margaret Filanosky, CTR
Nominating Committee

From The State

Cathy Phillips, BA, CTR
CTR Updates

Pediatric Cancer Staging Initiative

The Connecticut Tumor Registry (CTR) is working with NCI-SEER to determine the feasibility of collecting additional data elements for pediatric and young adult cancers. This endeavor would involve implementation of the Toronto Pediatric Stage Guidelines (TS).

As background, in 2014, the Toronto Pediatric Cancer Stage Guidelines (TS) were developed to standardize how central cancer registries collect data on the stage at diagnosis for childhood cancer cases. The Guidelines cover both anatomic stage and prognostic factors that clinically relevant for malignancies that are more common in children and young adults.

The TS have been endorsed by the International Association of Cancer Registries and the European Network of Cancer Registries. In addition, the TS has been implemented in Australia, Europe, and Canada. Northern Ireland Cancer Registry developed a TS cancer staging application https://www.canstaging.org/tool?tnm_version=Toronto . IARC has been using TS elements in the latest call for data (i.e., CRICCS Study). The use of Toronto Staging Guidelines will further improve the quality of stage data for childhood cancer cases, will allow for better interpretation of pediatric cancer statistics at the national level, and for the US registries to participate in international studies in national and international pediatric cancer research.

The Surveillance Research Program at NCI developed the infrastructure necessary to support TS collection in US hospital-based and central cancer registries. The infrastructure includes an enhanced Pediatric Application Programming Interface (Pediatric API) for the Data Management System (DMS) in compliance with the Toronto Childhood Staging Guidelines. The enhanced API will enable the registries using DMS to collect additional oncology information from all the pediatric, adolescent and young adult cancer patients.

Of note IMS has worked with the SSDI team to use the EOD data already being collected where feasible. Therefore, implementation would require collection of 15 additional data elements overall of which 6 are essential and 9 are optional. In addition, the elements required are based on schema- which is a very small number of additional elements for these very rare cancers.

Manuals and training materials have been developed and a feasibility study has been successfully conducted in collaboration with the Kentucky Cancer Registry- who will continue to collect these data based on their experience. As a result of these positive pilots, NCI SRP would like to support interested National Childhood Cancer Registries (NCCR) in implementing the collection of TS both to lead the surveillance of pediatric cancer in the US and to enable the availability of these data as soon as possible for the NCCR.

Pediatric Coding Look-Ups are available in SEER*RSA https://staging.seer.cancer.gov/. Additional details will be shared with Connecticut hospital registrars as they become available.

Change to Bladder EOD Instructions

SEER is in the process of revising the EOD instructions for bladder tumors. The presence of muscle invasion can be determined by a transurethral resection of the bladder tumor (TURBT); however, discrimination of superficial versus deep muscle invasion can only be determined from a cystectomy specimen. Hence, AJCC T2a and T2b as well as EOD 200 and 300 can only be determined when a cystectomy is performed; similarly, EOD 250 and 350 can only be determined by cystectomy. For cases where only a TURBT is performed, Extension codes of 370 and 400 should be used. Edits are being developed for cases diagnosed from 2018 forward. A large sample of cases was examined by SEER central registries and found that in instances where EOD 250 and 350 were used, and surgery was coded to TURBT, the surgical code was correct in all cases; registrars may want to consider an automated conversion of cases coded to 200 through 350 to 370 and 400. SEER has confirmed these coding rules with the AJCC.

*** Changes in Geographies for Reporting Cancer Statistics ***

In 2017, Connecticut petitioned the US Census to replace our 8 counties with Connecticut's 9 planning regions. Counties ceased to function as governmental and administrative entities in the state in 1960. Adopting planning regions as county-equivalents by the Census Bureau means that all Census data products for collecting, tabulating, and distributing statistical information will align with the planning regions used in state governance.
The Census Bureau approved Connecticut's request in June 2022 and has already implemented the change. The upcoming release of 2022 population estimates uses the county-equivalent planning regions (CEPRs). By 2024, all Census operations and publications will use the 9 planning regions as the county- equivalents – with the exception of the 2020 Decennial Census data publications and other datasets published before June 1, 2022.

What are county-equivalent planning regions?

CEPRs represent regional councils of town governments (COGs) which are a group of member municipalities that cooperate on strategic planning and practical interests, such as efficient delivery of services, bulk purchasing, and managing jointly held natural resources. Planning regions are designated under section 16a-4a (4) of the Connecticut General Statutes.

What does this mean for health data users?

The Census Bureau is the official source of *population estimates and various social and economic indicators* for the State of Connecticut.

Federal, state, and local government agencies rely on the Census Bureau's population estimates to *calculate health metrics* and to allocate funds to state and municipal governments.

The Census Bureau will be releasing the 2022+ population estimates using CEPR only; *county-based* population estimates *will not be available*.

DPH surveillance metrics and reports that include county will need to adopt planning regions from 2022. This will include the reporting of cancer incidence and mortality rates.

The Bottom Line

For diagnosis (or death) year 2022 onwards, cancer rates by county *will not be available*; rates will be reported for CEPRs instead.

FROM THE EDITOR'S DESK

Mary Fleming, CTR, MSOL

Greetings,

Let's talk about job satisfaction. I've been thinking a lot about this recently and how the things that used to satisfy me about my job have changed as the years in the biz have flown by.

When we started off, we abstracted all day, perhaps you still do. I don't abstract much anymore but when I was a new CTR, the satisfaction I found was how many cases I could finish in a day. Granted, at that time, there was no productivity level to meet so there was no additional stress. I made it my own goal to reach a certain number of completed cases per day. It was *my* goal so when I met or exceed it, very satisfying. I was challenging myself…competing with myself.

Things are very different now. There are more outside sources overseeing and influencing the work that we do. The challenge now, for me at least, is to figure out how to satisfy all of the many "masters" we have. Often, these outside sources generate conflicting priorities for us. Do I work to satisfy my employer, the state registry, the commission on cancer? What happened to my satisfaction? Honestly, I'm having trouble finding it. I've had to really look at and break down the aspects of my job that keep me engaged and those that I just must do because they must be done.

How about you old-timers? Do you get the same sense of accomplishment when abstracting all day that you had when you were a newbie? Think about it. You might be surprised at what you find is now the more significant source of job satisfaction. I think it is important for all of us to be aware of the parts of our job that make us happy. Knowing, of course, that not all of it will. And, when you are working on the job functions that just about drive you crazy, keep in mind that it is only a part of the job. Once you have identified the functions that are satisfying to you, mix up your day so you perform the tasks that fulfill you with those that make you want to tear out your hair.

As our profession has evolved, and boy has it ever, we need to change our expectations of what to anticipate from it. What made you happy when you started won't be the same as what does now. We are older, more experienced, and maybe a little burned out. But we wouldn't still be doing this type of work if there was nothing more to it than a paycheck.