



CONNected

*Tumor Registrars Association of Connecticut
Newsletter*

AHIMA24



TRAC Officer Updates

From the President: Hello TRAC members,

I can't believe we are well into fall already; the holidays are right around the corner! Our annual fall meeting took place on November 6th and we had a great turnout! Those who attended will receive 7 CEs, four of which are category A, for this educational conference. Going forward we will need to consider offering in-person conferences to comply with the new NCRA CEIP requirement. More to come on this.

Our membership drive will open in late November for the 2025 calendar year. If you renew by December 31st you will be entered into a drawing for a gift card! Please spread the word to friends and colleagues who aren't members yet how great our organization is!

As you know, NAACCR is hosting their annual meeting in Hartford next June and they asked TRAC if we were interested in hosting an in-person, afternoon meeting on Wednesday, June 4th. TRAC members would be given a special rate to attend the NAACCR meeting in the morning and the TRAC meeting in the afternoon. NAACCR has never done this before, so we would be the first state organization to have a combined national and state meeting. We are still in the discussion/planning stages, so stay tuned for more information on this exciting opportunity!

Have a great fall and holiday season and don't forget to send any ideas or suggestions that you have to TRAC@CT-TRAC.org.

Respectfully,

Rosemary Crawford

TRAC President

Bylaws

All members should have received the notice regarding proposed revisions to the TRAC Bylaws, as follows:

Propose to strike:

Section III - Forfeiture

A. Any member will automatically forfeit membership if in arrears for six months in dues or charges.

Section V - Reinstatement

A. Any member who has resigned in good standing may be reinstated upon paying the current dues.

B. A member who has been removed for non-payment of dues may be reinstated by the payment of dues for the current year, and a reinstatement fee of 50% of the current dues.

Rationale: This is not something TRAC has needed to do for a very long time. It's not a common TRAC business practice. Instead, it was proposed TRAC allow members to come and go freely on an annual basis.

Propose to add:

Section III (new) Temporary Pause of New Memberships

A. The TRAC Board of Directors may choose to pause acceptance of new membership applications for a period not to exceed twenty (20) business days, in order to manage business flow.

The TRAC webmaster shall post the suspension and anticipated resumption of membership applications on the TRAC website (<https://ct-trac.org/>)

Rationale: Applications for TRAC membership that are received during registration period for TRAC educational meetings can make tracking of memberships and registration fees difficult to manage. A brief pause of acceptance of new membership applications will provide for more manageable record keeping.

Revise:

Change reference from "Certified Tumor Registrar" (CTR) to "Oncology Data Specialist-Certified (ODS-C) in Article III, Section IA

Rational: Consistency with National Standards

The revisions shall be voted on at the November Meeting

As the Bylaws Committee looked at these revisions, some inconsistencies in portions of the Bylaws were noted; the committee plans to identify and recommend revisions in 2025, as part of the annual bylaws review. If any members identify an incongruity or conflict in sections of the bylaws, please send your comments to cathryn.phillips@outlook.com. Please include a rationale for any proposed revisions.

Reader's Nook



The Emperor of All Maladies: A Biography of Cancer, written by Siddhartha Mukherjee, could certainly be considered a “must read” for all cancer registrars. Dr. Mukherjee is a physician, researcher, and award-winning science writer. The author examines cancer with a cellular biologist’s precision, a historian’s perspective, and a biographer’s passion. The result is an astonishingly lucid and eloquent chronicle of a disease humans have lived with—and perished from—for more than five thousand years.

Dr. Mukherjee gives the history of cancer from its first identification 4,600 years ago by the Egyptian physician Imhotep. The Greeks had no understanding of cells, but they were familiar with hydraulics. Hippocrates thus considered illness to be an imbalance of four cardinal fluids: blood, black bile, yellow bile, phlegm. In the 19th century, surgeons devised various approaches to remove tumors, like William Halsted and the radical mastectomy. Additionally, Emil Grubbe used X-rays to treat cancer, thus identifying another treatment modality. Rudolph Virchow first observed leukemia, and Franz Ernst Christian Neumann localized the pathology to the bone marrow.

In the 20th century, cancer became the second most common cause of death after heart disease in the United States. Sidney Farber induced temporary remission in pediatric leukemia using antifolates developed by Yellapragada Subbarow. Louis Goodman and Alfred Gilman also used nitrogen mustard to treat lymphoma. The National Cancer Institute (NCI) introduced clinical trials to test the efficacy of chemotherapy. Recognizing the possibility for a cure, Farber sought funding for his efforts through The Jimmy Fund and Mary Lasker. Inspired by the Space Race, Farber and Lasker appealed to the nation and President Nixon to enact legislation for the War on Cancer, resulting in the passage of the National Cancer Act of 1971 and increased funding for the NCI. The book also reviews the origins of hospice and palliative care. The revisions shall be voted on at the November Meeting.

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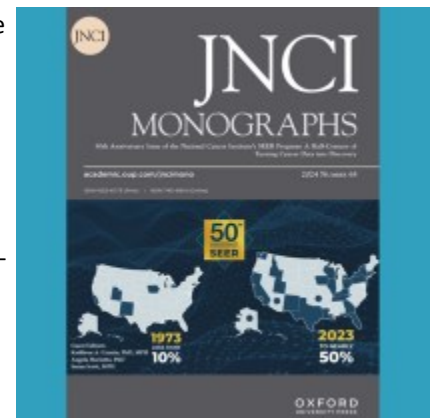
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Updates from the Standard Setters

SEER 50th:

As part of the effort to acknowledge and celebrate the SEER 50th anniversary in 2023, the Surveillance Research Program worked with the *Journal of the National Cancer Institute* to develop a special issue focusing on SEER. You can use and share this free-to-view link: <https://academic.oup.com/jncimono/issue/2024/65>



This publication celebrates the work of the SEER Program as it has evolved since 1973. It highlights major accomplishments as well as future directions in cancer surveillance. Articles include:

- ▣ History of the Surveillance, Epidemiology, and End Results (SEER) Program
- ▣ The SEER Program's evolution: supporting clinically meaningful population-level research
- ▣ The SEER Program's longstanding commitment to making cancer resources available
- ▣ Toward real-time reporting of cancer incidence: methodology, pilot study, and SEER Program implementation
- ▣ Landscape analysis of environmental data sources for linkage with SEER cancer patients database
- ▣ Machine learning and deep learning tools for the automated capture of cancer surveillance data
- ▣ Description of census-tract–level social determinants of health in cancer surveillance data
- ▣ Real-world lessons: combining cancer registry and retail pharmacy data for oral cancer drugs
- ▣ Reporting tumor genomic test results to SEER registries via linkages
- ▣ NCI SEER-Linked Virtual Tissue Repository Pilot
- ▣ Virtual Pooled Registry-Cancer Linkage System: an improved method for ascertaining cancer diagnoses

Our sincere thanks to all of the members of the SEER community who have not only contributed their expertise to this issue but to everyone for their ongoing contributions to the SEER Program! Please share this link throughout your networks.

AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER

NCDB adds New Primary Sites, Quality Measures, Clinical Updates

August 22, 2024

The Commission on Cancer (CoC) National Cancer Database (NCDB) has added four new primary sites and four new quality measures, in addition to two clinical updates.

The new primary sites are as follows:

Bladder

Cervix

Kidney

Prostate

The new quality measures are as follows:

BLCT1: For patients with low grade Ta bladder cancer undergoing transurethral resection of bladder tumor, intravesical chemotherapy* is initiated within 24 hours of the procedure or recommended.

*chemotherapy within 24 hours of the transurethral resection assumed to be intravesical; however, the NCDB does not differentiate this from systemic chemotherapy.

CBRRT: For patients with any stage cervical cancer treated with primary radiation with curative intent, brachytherapy is used.

KPN: For patients with surgically managed cT1a kidney tumors, partial nephrectomy is performed.

PTSRV: For patients with low-risk prostate cancer (Gleason ≤ 6 and PSA < 10 and \leq cT2), active surveillance is performed.

The following quality measures are reflective of clinical updates:

BneoCT: For patients ≤ 75 years old with HER2+ or triple negative breast cancer with any clinical N > 0 or clinical T > 1 , neoadjuvant chemotherapy and/or immunotherapy is initiated within 60 days of diagnosis, or recommended.

RneoRT: For patients with surgically treated clinical T4NanyM0 or TanyN2M0 rectal cancer, neoadjuvant radiation therapy is initiated within 9 months prior to resection or recommended.

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ACS

Study Examines the Barriers to Patient Participation and Adherence to Prehabilitation Programs, October 8, 2024

Prehabilitation programs have been shown to improve postoperative recovery and long-term outcomes, but patients often decline participation in these programs or have poor adherence to program components.

This article reported outcomes of a study that sought to identify why patients decline participation or have poor adherence. The authors conducted structured interviews of 11 patients who were scheduled to undergo major abdominal surgical procedures.

Identification of seven barriers to participation and adherence to prehabilitation resulted from the interviews. Barriers included poorly timed or conducted recruitment, patient misconceptions of dietary requirements, competing priorities, lack of family alignment, belief that prehabilitation would not be helpful, concerns over specific program requirements, and belief that prehabilitation would be helpful to others but not themselves.

Pathways for improvement of participation and adherence were identified and included improved communication, customization of program components, and reframing the program as feasible with increased emphasis on ease of completion.

NCRA

Important NCRA News

2025 Election Nominations and Elections - Nominations Open through October 18th! You can self-nominate or to nominate a colleague, Complete the nominations application. The elective positions include:

President-Elect/Secretary (one-year term with rollup to President then Immediate Past President – 3 years in total)

Treasurer Junior (one-year term with rollup to Treasurer Senior – Two years in total)

Education Board Director (two-year term)

Retention and Recruitment Board Director (two-year term)

ATPD East (two-year term)

ATPD Midwest (two-year term)

ATPD West (two-year term)

Council on Certification Representatives (two-year term, four open positions)

Nominating Committee (one-year term, two positions per region)

NCRA Annual Educational Conference

Mark your calendar May 3-6, 2025 Orlando Florida

Registration is open now!

The Danielle Chufar Memorial Scholarship provides financial support to attend NCRA's Annual Educational Conference. Applicants complete the online application form and submit a 500- to 750-word essay on the 2025 topic.

The essay topic is: How do you envision the role of an ODS-credentialed cancer registrar changing over the next five to ten years? Paint a picture of the skills that the registrar-of-tomorrow will need to be successful. Make sure to include how you think Artificial Intelligence (AI) or other technical advancements will impact the profession. Please include two to three current job tasks or responsibilities that you think will change in the future.

The recipient will receive the conference registration fee to attend in-person; round-trip, coach airfare (up to the amount of \$600); and hotel for three nights at the conference hotel. Download the fact sheet to learn more and access the online application.

NCI

You are subscribed to PDQ Updates for Health Professionals. NCI newly published or updated these health professional summaries within the last week.

Pediatric Treatment

Childhood Cancer Genomics We updated information on

Leukemias

Non-Hodgkin Lymphoma

Hodgkin Lymphoma

Central Nervous System Tumors

Sarcomas

Melanoma

Thyroid Cancer

Multiple Endocrine Neoplasia Syndromes

Childhood Ependymoma Treatment We updated information on

General Information About Childhood Ependymoma

Molecular Features of Childhood Ependymoma

Childhood Multiple Endocrine Neoplasia (MEN) Syndromes Treatment

This summary was comprehensively reviewed.

Childhood Non-Hodgkin Lymphoma Treatment We updated information on

General Information About Childhood Non-Hodgkin Lymphoma (NHL)

Treatment Option Overview for Childhood NHL

Aggressive Mature B-Cell NHL

Lymphoblastic Lymphoma

Rare NHL Occurring in Children

Childhood Soft Tissue Sarcoma Treatment We updated information on

Treatment of Fibroblastic and Myofibroblastic Tumors

Treatment of Peripheral Nerve Sheath Tumors

Childhood Thyroid Cancer Treatment We updated information on

Treatment of Medullary Thyroid Carcinoma

Late Effects of Treatment for Childhood Cancer We updated information on

Subsequent Neoplasms

Late Effects of the Cardiovascular System

Late Effects of the Central Nervous System (CNS)

NCI

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Adult Treatment

Breast Cancer Treatment We updated information on

General Information About Breast Cancer

Histopathological Classification of Breast Cancer

Chronic Lymphocytic Leukemia Treatment We updated information on

General Information About Chronic Lymphocytic Leukemia (CLL)

Treatment of Symptomatic or Progressive CLL

Treatment of Recurrent or Refractory CLL

Hodgkin Lymphoma Treatment We updated information on

General Information About Hodgkin Lymphoma (HL)

Treatment of Nodular Lymphocyte–Predominant HL (NLPHL)

Pediatric Treatment

Childhood Acute Lymphoblastic Leukemia Treatment We updated information on

Cytogenetics/Genomics of Childhood ALL

Risk-Based Treatment Assignment

Postinduction Treatment for Specific ALL Subgroups

Childhood Central Nervous System Germ Cell Tumors Treatment We updated information on

Treatment of Newly Diagnosed Childhood Central Nervous System (CNS) Germinomas

Childhood Hodgkin Lymphoma Treatment

This summary was comprehensively reviewed.

Childhood Liver Cancer Treatment We updated information on

Undifferentiated Embryonal Sarcoma of the Liver

Childhood Rhabdomyosarcoma Treatment We updated information on

General Information About Childhood Rhabdomyosarcoma

Treatment of Childhood Rhabdomyosarcoma

Ewing Sarcoma and Undifferentiated Small Round Cell Sarcomas of Bone and Soft Tissue Treatment

This summary was comprehensively reviewed.

Langerhans Cell Histiocytosis Treatment We updated information on

Childhood Langerhans Cell Histiocytosis (LCH)

Adult LCH

Screening and Prevention

Pediatric Treatment

Childhood Acute Myeloid Leukemia Treatment We updated information on

Classification of Pediatric Myeloid Malignancies

Treatment Option Overview for Childhood AML

Treatment of Childhood AML

Childhood Chordoma Treatment

This summary was comprehensively reviewed.

Childhood Mesothelioma Treatment

This summary was comprehensively reviewed.

Childhood Myeloid Proliferations Associated With Down Syndrome Treatment We updated information on

Transient Abnormal Myelopoiesis (TAM) Associated With Down Syndrome

Myeloid Leukemia of Down Syndrome (MLDS)

Childhood Oral Cavity Cancer Treatment

This summary was comprehensively reviewed.

Childhood Vascular Tumors Treatment We updated information on

Benign Tumors

Juvenile Myelomonocytic Leukemia Treatment We updated information on

Treatment of Juvenile Myelomonocytic Leukemia (JMML)

Supportive and Palliative Care

Nutrition in Cancer Care We updated information on

Goals of Nutrition Therapy

Cancer Genetics

Cancer Genetics Risk Assessment and Counseling We updated information on

Genetic Testing

Learn about the PDQ health professional summaries and our editorial process



NCI

Adult Treatment

Peripheral T-Cell Non-Hodgkin Lymphoma Treatment We updated information on

Cellular Classification of Peripheral T-Cell Non-Hodgkin Lymphoma

Treatment of Anaplastic Large Cell Lymphoma

Treatment of Nodal Lymphomas of T Follicular Helper Cell Origin (Including Angioimmunoblastic T-Cell Lymphoma, Follicular Peripheral T-Cell Lymphoma, and Nodal Peripheral T-Cell Lymphoma With T Follicular Helper Phenotype)

Treatment of Peripheral T-Cell Lymphoma, Not Otherwise Specified

Treatment of Extranodal Natural Killer/T-Cell Lymphoma

Treatment of Enteropathy-Associated and Monomorphic Epitheliotropic Intestinal T-Cell Lymphomas

Treatment of Hepatosplenic T-Cell Lymphoma

Treatment of Adult T-Cell Leukemia/Lymphoma

Treatment of T-Cell Prolymphocytic Leukemia

Primary Central Nervous System Lymphoma Treatment

This summary was reformatted.

Pediatric Treatment

Childhood Basal Cell Carcinoma and Squamous Cell Carcinoma of the Skin Treatment

This summary was comprehensively reviewed.

Childhood Breast Tumors Treatment

This summary was comprehensively reviewed.

Childhood Cardiac Tumors Treatment

This summary was comprehensively reviewed.

Childhood Medulloblastoma and Other Central Nervous System Embryonal Tumors Treatment We updated information on

General Information About Medulloblastoma and Other Central Nervous System (CNS) Embryonal Tumors

Childhood Medulloblastoma

Treatment of Recurrent Childhood Medulloblastoma and Other CNS Embryonal Tumors

Childhood Melanoma Treatment

This summary was comprehensively reviewed.

Childhood Myelodysplastic Neoplasms Treatment We updated information on

World Health Organization (WHO) Classification of Bone Marrow and Peripheral Blood Findings for Myelodysplastic Neoplasms (MDS)



Standard Setter 2021 Updates:



NAACCR Standards and Data Dictionary: <https://apps.naaccr.org/data-dictionary/>

NAACCR Implementation Guidelines: <https://apps.naaccr.org/data-dictionary/implementation-timeline>

NAACCR SSDI Manual: <https://apps.naaccr.org/ssdi/list/>

NAACCR ICD-O-3 Coding Updates: <https://www.naaccr.org/icdo3/>

SEER Program Manual 20242 and 2025: <https://seer.cancer.gov/tools/codingmanuals/>

SEER 2025 Solid Tumor Rules: <https://seer.cancer.gov/tools/solidtumor/>

SEER 2025 Casefinding Lists (ICD-10-CM): <https://seer.cancer.gov/tools/casefinding/>



NCI

Announcing a New Toolkit to Support Health Systems Utilizing the National Standards for Cancer Survivorship Care

The National Cancer Institute (NCI), in partnership with the US Department of Veterans Affairs (VA) and multiple Health and Human Services agencies, developed the National Standards for Cancer Survivorship Care. More information about the standards is available on this NCI Office of Cancer Survivorship page and in this recent publication in the Journal of Cancer Survivorship.

A new toolkit has been released on the NCI Office of Cancer Survivorship website. The toolkit provides resources to support health systems and organizations as they utilize the survivorship standards to develop or enhance their survivorship services. Resources were recommended by survivorship subject matter experts involved in the development of the standards.

The toolkit includes

Key definitions

Organizational assessment tool

Guidance for implementing the standards

Survivorship guidelines and resources

Link to an example health policy template aligned with the standards

The National Standards for Cancer Survivorship Care were developed through subject matter expert consensus meetings. These standards, built upon existing efforts, can be utilized to assess the quality of survivorship services and to guide the development of new programs.

Jimmy Olson News Dispatches: From it me to time, the standard setters release information on upcoming events that will occur too soon to hold for the quarterly newsletter. These will be released upon receipt and come to TRAC members as Jimmy Olson News Dispatches. We will keep these brief, and limit to events we believe may be of interest to many members.

Jimmy Olson News Dispatch

