Message From the President

Chuck Wiggins, PhD
NAACCR President

A grey-bearded old man appears in my mirror each morning, a persistent and very personal reminder of advancing years. At the beginning of this New Year, the passing of time was further marked by the retirement of two esteemed colleagues. Dr. Christie Eheman retired after leading the National Program of Cancer Registries for the final eight years of her professional career. Rosemary Dibble, my mentor and friend at the Utah Cancer Registry, also retired after a lifetime of stellar service in the field of cancer surveillance. Christie and Rosemary: Thank you for leading the way… we wish you all the best in your well-deserved retirement!

As we enter 2016, take a few minutes to ponder and give thanks. Remember the people who inspired and motivated you in your personal and professional endeavors. Make time this year to thank them and let them know how much they mean to you. Here in Albuquerque, we will celebrate the fiftieth anniversary of the New Mexico Tumor Registry. I’m thankful for Dr. Charles Key, who directed our registry from 1969 to 2003. Dr. Key continues to exercise great patience and (always after a long pause) gives sage and sound advice.

This may also be a good year to think about who will take your place when you retire. Even if you’re at the beginning or in the middle of your career, it is important to prepare for the challenges to come. As a mentor, exercise patience and be generous with your time, knowledge, and wisdom. As a mentee, take full advantage of those who are willing to share their time, knowledge, and wisdom with you.

Happy New Year!

Message From the Executive Director

Betsy A. Kohler, MPH, CTR
NAACCR Executive Director
bkohler@naaccr.org

Recently the Board of Directors met with staff and Steering Committee Chairs to review our progress on NAACCR’s Strategic Management Plan. Believe it or not, it is time to start planning for the next five years. We have made much progress over the last 4.5 years, and the face of cancer surveillance has in fact changed. We are in the process of updating our goals and objectives, and focusing on where we need to be in the future as cancer surveillance continues to change. We will be sharing our thoughts with you over the next few months, and should have a new plan ready to implement at the next Annual Conference in St. Louis. If you have any thoughts about new directions for NAACCR over the next five years, please don’t hesitate to contact me, one of the Board Members or one of the Steering Committee Chairs to share your thoughts.

Highlights From the Program Manager of Standards

Lori A. Havener, CTR
NAACCR Program Manager of Standards

2016 Implementation Guidelines:
NAACCR convened the Implementation Guidelines Task Force to develop an implementation plan for Standards Volume II, Version 16. The Task Force had representation from central cancer registries, software vendors, and each of the standard setters. There are numerous changes and many new data items effective with Standards Volume II, Version 16 that are addressed in the 2016 Implementation Guidelines and Recommendations. The implementation guidelines were recently updated, 2016 Implementation Guidelines and Recommendations version 1.1, and includes information on the addition of clinical and pathologic indicators for the AJCC T, N, and M data items, and Appendix G that comprises a document revision control table.

Standards Volume II, Version 17:

Standards Volume II, Version 17 Timeline

12/1/15 - Proposed changes submitted to CMB
1/1/16 - Proposed changes approved by CMB
1/1/16 - CMB submits request for change to UDS
3/1/16 - Volume II Task Force Review
5/1/16 - Draft submitted to UDS and the S&RD SC for review/approval
6/1/15 - Draft submitted to NAACCR Board for review/approval
7/1/15 - Post to NAACCR website
1/1/17 - Version 17 Implementation

NAACCR Standards Volume V, Pathology Laboratory Electronic Reporting, Version 4.0 Update:

Over the past several years, biomarker testing has become more commonly used as a part of routine patient care, which has increased the need for cancer surveillance systems to receive and process this information. The College of American Pathologists (CAP) electronic Cancer Checklists (eCC) templates have been developed for laboratories to capture anatomic pathology and biomarker cancer data in a standardized format.

The NAACCR Standards Volume V Version 4.0 implementation guide has served the cancer community well in providing guidance on the submission of narrative and synoptic-like reports to central cancer registries, but gaps in the standard have been identified. Specifically, a complete review of the guide is needed to develop additional guidance on how to map cancer data from the CAP eCC templates to the HL7 2.5.1 format. The group will also develop additional guidance to describe how laboratories should report the original pathology report data (specimen number and path date) with biomarker test data that may not be available until much later and the genetic laboratory may not have the full original pathology report to submit with the biomarker report. Many central cancer registries have started collecting biomarker data and a consistent approach is required.

The NAACCR Standardization and Registry Development Steering Committee has approved the formation of a Task Force to complete the review and modification of NAACCR Standards Volume V Version 4.0. If you are interested in participating on this Task Force, please email Sandy Jones at sft1@cdc.gov and Lori Havener at lhavener@naaccr.org.

Anticipated Time Commitment: Beginning in January 2016 the group will meet for 1 hour twice a month with focused homework assignments between meetings.

NAACCR Research and Data Use Update

Recinda Sherman, MPH, PhD, CTR
NAACCR Program Manager of Data Use and Research

Happy New Year!!! In the last Update from Data Use and Research (which was so last year…), I mentioned NAACCR is in the process of developing a Public Use Dataset. This dataset, while still awaiting a catchy name, will be a non-confidential, limited, public-use research file from 1995 forward for U.S. and Canada. It will be available to all researchers upon request after signing a dataset specific Data Use Agreement (DUA). The purpose of the new dataset will be to provide non-confidential data to both NAACCR and outside researchers, whose studies require more variables than currently provided in our public use datasets, but do not need the full CINA Deluxe file. We plan to release the new Public Dataset along with the other CINA data products in spring of this year.

The Data Release Taskforce has been hammering out the details of this new dataset. We incorporated some feedback we received from members on how the database should be structured, and the Taskforce has developed a draft set of
variables. While the Taskforce is currently working on technical issues regarding distribution and documentation, I have included the variable list for review and comment by our membership.

Our goal is to provide a standard, publically accessible dataset. In order to balance the trade-offs between researcher flexibility, wide registry participation, and confidentiality of the data, we will offer two datasets. One dataset, which we hope will include all CINA eligible registries, will only allow analysis within SEER*Stat. A second dataset will allow case-listing so researchers can export data for regression and analysis in statistical programs like SAS, however safeguards are in place to ensure confidentiality. Registries will be asked to consent to each dataset separately.

Researchers will be required to sign a separate DUA for each dataset which contains a number of assurances, and the release of the data will be accompanied by technical documentation. The technical documentation describes general data collection and submission procedures as well as our NAACCR certification process. We will require suppression for counts and numerators <6 for confidentiality. Documentation will also discuss rate stability and encourage researchers to use larger (>15) numbers for rate calculation as well as measures of data variability.

We request feedback regarding the applicability of this public use dataset for research as well as any potential barriers within your registry that could limit participation. Please contact me: rsherman@naaccr.org or 217-698-0800 x6. I look forward to hearing from you!

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<thead>
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<th>Name</th>
<th>Comment</th>
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<td>Registry</td>
<td>SEER*Stat will be preset to ensure cases in regional SEER Registries are not double counted in the national or state-specific rates; can be modified by user to calculate registry specific rates</td>
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<tr>
<td>Demographic</td>
<td>Sex</td>
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<tr>
<td>Demographic</td>
<td>Age</td>
<td>5-year aggregates for rate calculation no unknown age</td>
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<tr>
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<td>CBTRUS Site</td>
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<td>-----------</td>
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<td>----------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Derived</td>
<td>MP (IARC rules)</td>
<td>recoded variable; 2 codes: Multiple Primary Y/N</td>
</tr>
<tr>
<td>Derived</td>
<td>MP (SEER Rules)</td>
<td>recoded variable; 2 codes:</td>
</tr>
</tbody>
</table>
### NAACCR Education and Training Program Update

**Jim Hofferkamp, CTR**  
*NAACCR Program Manager of Education & Training*

A comprehensive education and training plan to strengthen professional development for NAACCR members and the cancer surveillance community overall is being implemented for NAACCR by the Professional Development Steering Committee (PDSC). A comprehensive training curriculum focused on core professional skills and competencies for cancer surveillance professionals is being developed by subject matter experts.

Topics that will be covered are outlined below.

1. **Introduction to Cancer Registries and Cancer Surveillance**  
   - Public Health Surveillance Introduction & Fundamentals  
   - Establishing an Effective Population-Based Cancer Registry System
2. **Registry Operations**  
   - Casefinding  
   - Follow-up  
   - Edits  
   - Record consolidation  
   - Death clearance
3. **Registry Management**  
   - Developing a central cancer registry  
   - Data Quality and Completeness; Ensuring High Quality, Complete Cancer Registry Data  
   - Ethics & Confidentiality in the Central Cancer Registry  
   - Data Management – IT resources
4. **Uses of Population-Based Registry Data**  
   - Calculation and Assessment of Survival Rates  
   - Calculation and Assessment of Cancer Incidence  
   - Using Central Cancer Registry Data for Cancer Control and Cancer Research

On-demand presentations are being developed on each topic and will be available through the new NAACCR Learning Management System free of charge. We hope to have the training materials and the new learning management system online in late spring or early summer. Additional information concerning this course and the new NAACCR learning management system will be made available to NAACCR members through future Narrative articles and listserv announcements.

### NAACCR 2015-2016 Education and Training Calendar

**JANUARY 2016**
01/29/2016 - Session 4: CTR Exam Preparation and Review Webinar Series

FEBRUARY 2016

02/04/2016 - Collecting Cancer Data: Breast

02/05/2016 - Session 5: CTR Exam Preparation and Review Webinar Series

02/12/2016 - Session 6: CTR Exam Preparation and Review Webinar Series

02/19/2016 - Session 7: CTR Exam Preparation and Review Webinar Series

02/26/2016 - Session 8: CTR Exam Preparation and Review Webinar Series

MARCH 2016

03/03/2016 - Abstracting and Coding Boot Camp: Cancer Case Scenarios

APRIL 2016

04/07/2016 - Collecting Cancer Data: Ovary

MAY 2016

05/05/2016 - Collecting Cancer Data: Kidney

JUNE 2016

06/02/2016 - Collecting Cancer Data: Prostate

JULY 2016

07/07/2016 - Patient Outcomes

AUGUST 2016

08/04/2016 - Collecting Cancer Data: Bladder

NOVEMBER 2016

09/01/2016 - Coding Pitfalls

For more information about NAACCR education and training opportunities or to register online, go to the Education and Training tab on the NAACCR website (www.naaccr.org); or contact Jim Hofferkamp (jhofferkamp@naaccr.org).

Twitter Digest

Dan Curran, MS, CTR
NAACCR Social Media Work Group

If you had been following @NAACCR’s Twitter feed you would have seen these interesting recent tweets (visit NAACCR’s Twitter page):

NAACCR, Inc. @NAACCR
Disparities in colorectal cancer incidence among Latino subpopulations in California #NAACCReview http://buff.ly/1ZkKD0X

UICC @uicc
You want to be part of #WorldCancerDay but don’t know how to get involved? Read the campaign toolkit for more info: https://t.co/dmnvnnD8ds

AJCC @AJCCancer
#WeCanICan take action to help fight #cancer Spread the word by joining the #WorldCancerDay #TalkingHands campaign!

Lung Foundation @Lungfoundation
Join our thunderclap on #WorldCancerDay. Spread the word #anyonecangetlungcancer. Early detection can save your life http://thndr.me/4Ykd3J

CDC Cancer @CDC_Cancer

New research: Productivity costs associated with #BreastCancer among survivors aged 18-44 http://go.usa.gov/cUbTJ

National Cancer Inst @theNCI

Are you following NCI on Instagram? You can download our free scientific & medical images: https://t.co/hddF5X7Z0dO

NCI Cancer Stats @NCICancerStats

Have you seen our video on #Cancer Survivorship yet? Check it out here: http://ow.ly/ScTeN

Cancer Epi &Genetics @NCIEpiTraining

Summer #cancerresearch #internship available for students in epi, biostats, and genetics http://1.usa.gov/1ZMIqAO @theNCI

AJCC @AJCCancer

The latest Collaborative Stage Transition Newsletter is out: https://t.co/cJs46BkgjT

NCI Cancer Stats @NCICancerStats

Learn more about cigarettes and #cancer here: http://go.usa.gov/c8BdY #Healthy2016

NCI Cancer Stats @NCICancerStats

In 2015, there were about 10,170 deaths due to endometrial #cancer. Learn more about this disease at http://go.usa.gov/c5u7Q

NCI Epidemiology @NCIEpi

U.S. Preventive Services Task Force releases final recommendations for #breastcancer #screening: http://bit.ly/1QahseK #bcsm

ACS_Research @ACS_Research

Can we cure cancer? http://bit.ly/1JkBAX6 #CancerMoonshot #LCSM

Irish Cancer Reg @IrishCancerReg

Our brain cancer report shows little change in #survival rates for malignant #brain #cancers over past 20 yrs https://t.co/3xOEK6ivN

Irish Cancer Reg @IrishCancerReg

@AmericanCancer and @IARC released a #Cancer atlas exploring risk, burden and preventative actions taken by country https://t.co/Si82J6ZIDr

NCI Cancer Stats @NCICancerStats


National Cancer Inst @theNCI

Some viruses and other infectious agents can cause cancer in infected people. Here's a list http://1.usa.gov/1RxXDBb

Pres. Cancer Panel @PresCancerPanel

Experts weigh in on @VP Biden's #moonshot to cure #cancer via @statnews http://bit.ly/1Ry0jif

UICC @uicc

What can YOU do - as an individual - to help prevent & fight #cancer? https://t.co/1RCAukUsHN #WorldCancerDay
NAACCR Narrative

COC_ACS @CoC_ACS

Is an annual physical necessary? http://fxn.ws/1QbdX7D

National Cancer Inst @theNCI

Cancer Can Lead to Financial Hardship, Study Confirms http://1.usa.gov/1Q2wQeV #CancerCurrents

NCI Cancer Stats @NCICancerStats

SEER-Medicare Linked Database: http://healthcaredelivery.cancer.gov/seermedicare/

AJCC @AJCCancer

RT @theNCI

New on NCI's Cancer Currents blog: #PrecisionMedicine Trials for #Cancer: A New Era http://1.usa.gov/1YbuBLv

National Data Exchange Announcement

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

It's a New Year so Make a Resolution to Sign-on - National Data Exchange Agreement

Thirty-seven registries have signed the modified National Data Exchange Agreement. For registries needing to re-sign and registries that are now ready to sign:

Go to www.naaccr.org. Click on "Standards and Registry Operations"; click on "National Interstate Data Exchange Agreement." Then follow the instructions below:

1. Central registry downloads agreement.
2. Central registry has proper authority review agreement and adds state-specific restrictions if needed.
3. Appropriate registry representative signs agreement.
4. Agreement is sent to NAACCR; central registry retains a copy.
5. NAACCR posts states that have signed agreement on NAACCR website, including specific restrictions.
6. Registry contacts other participating states to determine the logistics of how data will be exchanged.

The registries that have signed the National Interstate Data Exchange Agreement include: Alabama, Alaska, Arkansas, Colorado, Connecticut, Delaware, Guam, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Massachusetts, Michigan, Mississippi, Montana, Nebraska, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Washington, Wisconsin and Wyoming. Join our team so you can add another important step towards efficient registry operations!

Please fax your signed National Interstate Data Exchange Agreement to the NAACCR office at 217-698-0800. Jim Hofferkamp provides a listserv announcement to the NAACCR community as soon as a new registry signs on.

I will be emailing those registries that have not signed – this needs to be a collaborative effort!

Thanks for your help.

NAACCR Steering Committee Corner

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

Welcome to the Steering Committee Corner!

This column will provide brief Steering Committee updates such as new reports or projects, coding changes, new data standards, requests for priority area network members for specific workgroups, and other information that NAACCR Steering Committees feel the NAACCR community should be aware of. We hope that this column helps to connect us as we continue to move forward with enhanced cancer surveillance.

Communications Steering Committee (CSC)

Co-Chairs: Laura Ruppert and Annette Hurlbut
Committee Highlights since last Narrative:

- The committee is finalizing its Best Practice document to be used as a supplement to our Communications Plan
- A Strategic Management Update Review was completed for use during the NAACCR Board and Steering Committee Chair meeting in January 2016

Training/Education:

- REMINDER: the Social Media Webinar is available on the NAACCR website

Other News to share with the NAACCR Community PAN interests:

- The Social Media Work Group continues to search for members and a lead for this group. Please consider getting involved.

Professional Development Steering Committee (PDSC)

Co-Chairs: Frances Ross and Mignon Dryden

Committee Highlights since last Narrative:

- Authors are updating and providing voice-overs to their presentations for “Understanding Population-Based Cancer Registries,” formerly known as the Short Course. These Voice-Over Power Point Presentations will be available on-line Early 2016.

Research and Data Use Steering Committee (RDUSC)

Co-Chairs: Hannah Weir and Susan Gershman

Training/Education:

- NAACCR Webinar
  - Proposed Update to the Common Rule: An Overview of the Notice of Proposed Rule Making was presented on October 30, 2015.

*Training/Education recordings are available on the NAACCR website: http://www.naaccr.org/EducationandTraining/TownHallWebinars.aspx

Other News to share with the NAACCR Community PAN interests:

- Cancer Control Indicators Task Force (co-chairs Recinda Sherman and Susan Gershman) continued to meet in fall 2015 to review the data for their state/province cancer indicators report; modifications to the model are in progress.
- Duplicate Cases Task Force (co-chairs Randi Rycroft and Hannah Weir) had their first meeting October 13, 2015. The purpose of this Task Force is to help identify and to resolve duplicate cancer incidence cases between and among registries.
- A webinar to discuss RTI Health Solutions Proposed Study Linking Two Healthcare Databases with U.S. Cancer Registries will be presented on Thursday, January 14, 2015, at 1:00pm Eastern Time.
- If you have a suggestion for a journal club or surveillance webinar topics, please contact Hannah Weir (hweir@cdc.gov).
- If you would like to join the Research and Data Use Priority Area Network (RDU PAN) and receive notices about these and other upcoming events, please go to MyNAACCR at NAAACCR.org and sign up.

Standardization & Registry Development (S&RD)

Co-Chairs: Nan Stroup and Randi Rycroft

Committee Highlights since last Narrative:

- NAACCR XML Standard: The S&RD Steering Committee would like to thank the NAACCR community for their invaluable and critical feedback provided to the NAACCR XML Implementation Task Force. Now we are ready to tackle the next phase of the project! NAACCR is recruiting volunteers for a new work group to continue the development of the recently approved NAACCR XML Data Exchange Standard. This new XML standard addresses many of the limitations of the current fixed-width data exchange format, improving extensibility and compatibility with newer healthcare data exchange efforts. The new NAACCR work group will be tasked with refining the XML standard, assisting with its adoption in the registry community, and developing recommendations for work needed by other work groups and task forces. One of the first goals of the new work group will be to develop pilot software applications that demonstrate the
utility and compatibility of the new XML standard with real-world cancer registry needs. Additional tasks include developing a roadmap for adoption across the NAACCR community and identifying a sustainable model for developing software components that will support the new standard.

Participation in the new work group will require active participation in two conference calls a month and additional time outside of the conference calls to meet the goals of the group. If you are willing to commit the time and effort to help shape the development and adoption of this new data exchange standard to improve cancer surveillance for all NAACCR registries, please contact Lori Havener (lhavener@naaccr.org) by January 31, 2016.

- **NAACCR Volume V**: Over the past several years, biomarker testing has become more commonly used as a part of routine patient care, which has increased the need for cancer surveillance systems to receive and process this information. The College of American Pathologists (CAP) electronic Cancer Checklists (eCC) templates have been developed for laboratories to capture anatomic pathology and biomarker cancer data in a standardized format. The NAACCR Standards Volume V version 4.0 implementation guide has served the cancer community well in providing guidance on the submission of narrative and synoptic-like reports to central cancer registries, but gaps in the standard have been identified. The NAACCR Standardization and Registry Development (S&RD) Steering Committee has approved the formation of a Task Force to complete the review and modification of NAACCR Standards Volume V. Specifically, a complete review of the guide is needed to develop additional guidance on how to map cancer data from the CAP eCC templates to the HL7 2.5.1 format. The group will also develop additional guidance to describe how laboratories should report the original pathology report data (specimen number and path date) with biomarker test data that may not be available until much later and the genetic laboratory may not have the full original pathology report to submit with the biomarker report. Many central cancer registries have started collecting biomarker data and a consistent approach is required.

The Volume V Revision Task Force is being lead by Sandy Jones (sft1@cdc.gov) and Lori Havener at lhavener@naaccr.org. Thank you to those who have already volunteered: Bruce Riddle, Gemma Lee, Rich Moldwin, Jeffery Karp, Barb Weatherby, Adrian Botchway, Ted Klein, Carol Kruchko, Gagan Bal, Jagdeep Gill, Joseph Burkhart, Joshua Mazuryk, Jovanka Harrison, Mary Mika, Mignon Dryden, Mirielle Lemieux, Jeremy Pine and Victor Brunka.

- **TNM Classification Designer Impact (TMN CDI) Task Force**

SEER, CoC, and NPCR will require the “c” and “p” classification designator be added to the T, N, and M data items beginning with cases diagnosed in 2016. Additionally, CoC will require all of their accredited programs to add the “c” and “p” to the T, N, and M for all cases diagnosed prior to 2016, through a conversion. SEER and NPCR have left it up to the individual central registries to decide if they want to add the “c” and “p” to pre-2016 data.

The NAACCR Standardization and Registry Development Steering Committee has created the TNM Classification Designator Impact Task Force to address the addition of the “c” and “p” to the T, N, and M values for pre-2016 data. The goal of the task force is to identify issues central registries will need to consider as they decide what to do with cases diagnosed prior to 2016 that are abstracted after the conversion to v16. All cases coming from CoC facilities after the conversion to v16 will have the “c” and “p” regardless of diagnosis year. This situation poses challenges for central registries, which the Task Force will identify and offer potential solutions. If you are interested in participating in this TF or would like more information, please contact Winny Roshala (wroshala@crge-cancer.org), TF Chair, or Jim Hofferkamp at the NAACCR Office (jhofferkamp@naaccr.org).

**NAACCR Staff Addition - Castine Clerkin**
NAACCR is pleased to welcome Castine Clerkin, MS, CTR, as the Program Manager for the Virtual Pooled Registry (VPR). Castine will be providing leadership and guidance in establishing the VPR. The next few months will focus on working with volunteer states covering about 65% of the U.S. population to test and refine this system of matching research cohorts behind state firewalls. Castine brings significant experience to her new position at NAACCR and we are delighted to have her join our staff.

Prior to joining NAACCR, Castine was a Program Consultant with CDC’s National Program of Cancer Registries for over 7 years, providing technical support to state cancer registries, coordinating CDC’s annual data collection requirements, leading the pediatric early case capture project, and contributing on various NAACCR workgroups. Castine began her career in cancer surveillance in 2001, working as the epidemiologist and data manager for the Maine Cancer Registry. She resides in Keene, NH where she enjoys the change of seasons, gardening, and raising chickens with her husband and 2 year old son.

**Update on 2016 Annual Conference**

**Update on 2016 Annual Conference: Gateway to Cancer Discoveries**
**Venue:** Hyatt Regency St. Louis at the Arch
**Dates:** 11 – 17 June 2016

*Shari Ackerman*
Electric Communications Coordinator, Missouri Cancer Registry and Research Center (MCR-ARC)
Member, Program Committee 2016 Annual Conference

*Jeannette Jackson-Thompson, MA, MSPH, PhD*
Director, Missouri Cancer Registry and Research Center
Chair, Program Committee, 2016 NAACCR Annual Conference
In the Fall 2015 issue of the NAACCR Narrative (“Save the Date for 2016 Annual Conference”), we introduced the conference theme, “Gateway to Cancer Discoveries”; identified keynote and plenary speakers; provided a Call for Abstracts link; announced a later deadline for student abstracts (26 March 2016); identified several pre-conference workshops; and promised more details about the conference in the next NAACCR Narrative. In this issue, our focus is on activities and entertainment.

Some NAACCR 2016 attendees will arrive in St. Louis on Friday, 10 June for pre-conference workshops that start at 8.30 a.m. Saturday, 11 June. Others may want to kick off the conference even earlier by taking part in the Susan G. Komen Greater St. Louis Race for the Cure® that starts at 6:30 a.m. on 11 June. We invite you to consider forming a NAACCR team. Details will follow!

For the opening ceremonies and welcome on Tuesday, 14 June, a local step team/stomp troupe “Gentlemen of Vision” (G.O.V.), will give a 10-15 minute performance. G.O.V is a community-based program currently servicing 58 socioeconomically disadvantaged males from various school districts within the St. Louis Metropolitan Area. This award-winning integrated step team has an impressive high school graduation and college admission/retention rate. (As of 2009, every high school senior G.O.V. member had successfully completed high school and been accepted into a college or university.) In addition to servicing high school members, G.O.V. has extended its services to middle school members (“Young Men of Vision” (Y.M.O.V.)), collegiate members (“Collegiate G.O.V.”) and the GOV/NJROTC Drill Team – the #1 step team in the country in 2013 -- composed of GOV high school members and Navy Junior Reserve Officers’ Training Corps members, the number one step team in the country in 2013. To see the G.O.V. perform, go to https://www.youtube.com/watch?v=-bu9jMid2pY.

For the opening reception on Tuesday evening, another great local talent, Kim Massie, is one of the most recognizable vocalists in the Midwest. Her ability to sing not only blues and gospel, but rock, pop, country and R&B have earned her two Best Female Vocalist of the Year awards and a starring role in a Black Repertory Theater production of “Aint Nothin But the Blues.” She has shared the stage with artists such as Cyndi Lauper, India Arie, Nelly and Chuck Berry. Ms. Massie has performed for organizations such as Major League Baseball, Purina, Boeing as well as the Missouri History Museum, Big Muddy Blues Festival, Davenport Blues Festival, Emerald City Blues Festival and the Blues Rising Festival. https://www.youtube.com/watch?v=1Td7XgDrrVg

Other activities of interest include a bike ride, Cardinals game and the NAACCR 2016 Walk/Run.

On Wednesday, 15 June at 4:00 p.m., join Rich Pinder for a leisurely bike ride around St. Louis! Rent your bike and it will be available for pick up at a location close to the conference hotel. Watch for more information through the NAACCR conference website and e-alerts sent out during the conference.
Then it’s off to the ballgame at Busch Stadium to watch the St. Louis Cardinals play the Houston Astros. Game time is 6:15 p.m. Wednesday. Group rate/discount tickets will be made available within the next month online. Watch for more information through the NAACCR website and the St. Louis Cardinals website.  
http://stlouis.cardinals.mlb.com/schedule/index.jsp?c_id=stl#y=2016&m=6&calendar=DEFAULT

NAACCR encourages all attendees to take advantage of the NAACCR walk/run scheduled for Thursday, 16 June at 6:30 a.m. It is estimated that over half of cancer cases can be prevented by lifestyle changes such as exercise, the limitation of tobacco use and improved nutrition. Meet in the hotel lobby to enjoy a nice walk or jog to start your day off right!

Abstract Submission Update: Jim Martin, Chair of the Abstract Review Committee, reports that 161 abstracts – a higher number than normal – were submitted by the December submission deadline. Thanks to Jim and his crew of 50+ reviewers, Venue West’s Kat Juda and NAACCR staff, the general abstract review process is nearing completion. We look forward to receiving additional student abstracts. The student abstract deadline is 26 March 2016.  
http://www.naaccr.org/AC2016/Call-for-Abstracts_2016. Those of you working with students, please remind potential presenters to submit their abstracts on or before the deadline.

We look forward to seeing you in St. Louis!

Meet the Candidates - Board Elections

The 2016 NAACCR Board elections began on January 19th. At the time of this Narrative release the leadership of each NAACCR member organization are voting on candidates for the positions of President-Elect and three Representative At-Large.

Learn more about about the individuals aspiring for NAACCR leadership here.

Following the completion of the voting process an announcement of the winning candidates will be made.

Collaborative Stage Transition Newsletter

Trish Murphy, MS  
Technical Writer/Editor, OAD Surveillance Research Program (SRP) Division of Cancer Control and Population Sciences National Cancer Institute

Below please find the latest issue in a series of communications regarding the transition from Collaborative Staging version 2 to AJCC TNM Staging http://www.ncra-usa.org/files/CS_Transition_Newsletter_Issue_January%202016.pdf. This newsletter provides updates from Statistics Canada/Canadian Council of Cancer Registries, CDC/NPCR, NCI/SEER, CoC, AJCC, NAACCR, and NCRA. This will be a regular event to keep the registry community aware of the progress of this transition.

This newsletter will also be available on our website:  
http://seer.cancer.gov/registrars/cs-tnm/

SEER*Educate Prepares for Diagnosis Year 2016

Mary Potts, RHIA, CPA, CTR  
Director, Information Services  
Fred Hutchinson Cancer Research Center, Cancer Surveillance System

Learn by Doing: Training on New Coding Schemes and New Data Items

On January 15, 2016, three new sets of practical application exercises will be released:

- AJCC TNM 7th Ed - Dx Year 2016 - 25 cases
- UICC TNM 7th Ed - Dx Year 2016 (SEER Registries) - 25 cases
- Summary Stage (Includes New 2016 Data Items) - 30 cases (25 additional cases will be released by January 31, 2016)

This AJCC TNM 7th Edition series reflects the new AJCC T, N, and M categories to be implemented in 2016 as announced December 4, 2015, in The CoC Source.
SEER central registry staff members are the primary audience for the UICC TNM 7th Edition series. This series uses the new SEER Registrar Staging Assistant (RSA) to populate the detailed dropdowns in the coding form.

The Summary Stage series was created to provide training to both hospital registrars and central registries on direct assignment of SEER Summary Stage 2000, the Site Specific Factors, and these new data items:

<table>
<thead>
<tr>
<th>Item #</th>
<th>Item Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>752</td>
<td>Tumor Size Clinical</td>
</tr>
<tr>
<td>754</td>
<td>Tumor Size Pathologic</td>
</tr>
<tr>
<td>756</td>
<td>Tumor Size Summary</td>
</tr>
<tr>
<td>1112</td>
<td>Mets at DX-Bone</td>
</tr>
<tr>
<td>1113</td>
<td>Mets at DX-Brain</td>
</tr>
<tr>
<td>1114</td>
<td>Mets at Dx-Distant LN</td>
</tr>
<tr>
<td>1115</td>
<td>Mets at DX-Liver</td>
</tr>
<tr>
<td>1116</td>
<td>Mets at DX-Lung</td>
</tr>
<tr>
<td>1117</td>
<td>Mets at DX-Other</td>
</tr>
</tbody>
</table>

Management reports are now available for both central registry and hospital registry managers and trainers. To date, eleven central registries and five hospital registries use these reports to monitor the SEER*Educate training results of their staff and to identify local training needs that should be addressed during in-person training meetings. Also, two colleges use the management reports for their Cancer Information Management programs to monitor the progress of their students and identify technical areas that need additional coverage during class time. See the Management Reporting Overview (PDF) for more information on this tool for registry managers and trainers. We invite you to use the Contact Us link to request assistance from the SEER*Educate Helpdesk in setting up the management reports for your registry.

If your New Year’s resolution is to master the new schemes and data items for diagnosis year 2016, then log on to SEER*Educate and learn by doing!

SEER*Educate is a web-based training platform for students and cancer registry professionals to learn and assess technical skills related to coding guidelines and concepts. It is a jointly funded project sponsored by the NCI and Fred Hutchinson Cancer Research Center. (NCI Contract Number HHSN26120100029C)

**SEER*RSA to be released in February 2016**

*Peggy Adamo, BS, AAS, RHIT, CTR*
Data Quality Team Lead, Data Quality, Analysis, and Interpretation Branch Surveillance, Epidemiology, and End Results (SEER) Program

What is SEER*RSA? The SEER Registrar Staging Assistant is an online tool accessible from the SEER website for registrars assigning clinical and pathologic T, N, M values and stage groups. SEER*RSA also provides look ups for Collaborative Staging (CS) v. 02.05.50. SEER*RSA includes information for 153 schemas, the same schemas you know and love from CS. For each schema, SEER*RSA lists the valid clinical and pathologic T, N, and M values and stage groups, along with their definitions and registrar notes. Users can easily switch between TNM and CS within SEER*RSA.

T, N, and M values and definitions in SEER*RSA are based on the 7th Edition of the UICC TNM Classification. SEER is working collaboratively with both UICC and AJCC to assure continuity and comparability of UICC and AJCC TNM staging.

Look for the SEER*RSA announcement coming soon to your inbox!

**A Cure for Cancer**

*Allen D. Austin, III, BA, CTR*
Quality Assurance Specialist Supervisor/Audit Coordinator

My Father died of follicular lymphoma October 26, 1995 the day after his birthday on his wedding anniversary. My Mother was a breast cancer survivor. We all have loved ones or know of someone whose life has been adversely affected by this disease.
Someone once asked me, “Will we ever develop a cure for cancer?” This was my response: “Due to technology and lifestyles, we are slowly poisoning ourselves. Electromagnetic fields can cause leukemia and brain tumors. The chemicals that beauticians use can increase the risk of bladder cancer. Asbestos exposure can lead to mesothelioma. Cigarette smoking increases the risk of lung cancer. Alcohol abuse may result in hepatocellular adenocarcinoma. Tanning beds increase the chances of developing melanoma. Now the World Health Organization is saying we can get intestinal cancer from over-indulgence of processed or red meat. The list goes on and on.”

Then there’s genetics. Are some people genetically predisposed to develop breast or colon or ovarian cancer? In the field of genetic research, scientists have found a place on the p53 tumor suppressor gene that could possibly be repaired in people who have mutations that might make them prone to developing cancer.

According to the American Cancer Society, more than one million people in the United States get cancer each year. The shortest day of the year is not the Winter Solstice; it’s the day you die. Cancer has killed more people than all the wars combined. It has overtaken heart disease as the number one killer in America. One in four people will be touched this year by cancer, either directly or indirectly. While cancer rates are declining, the burden of cancer actually increases as our population of people over 50 swells with aging baby boomers. Never forget that case you’re abstracting is someone with family, friends and loved ones who are struggling with their own personal battle against cancer.

I worked in Radiation Oncology for years, and, if a patient comes in once and then leaves, you don’t necessarily develop any attachments. But if a patient comes in every day for six weeks, you can’t help but become involved. One such patient was a young girl with Hodgkin’s disease. She came to me one day and said, “No one has ever written me a poem. Will you write a poem for me?” So I wrote this for her shortly before she died:

Let me walk with you awhile
I want to sing and dance with you,
and spend some time together.
You’re a very special person,
and I need to know you better.
I feel your spirit’s brightness,
that spark of life inside.
You give new meaning to the phrase:
it’s great to be alive.
Sometimes we pray for a miracle,  
but a miracle’s not His plan.  
Life is an hourglass of time,  
and we’re running out of sand.  
So if I catch you crying,  
I’ll try to make you smile.  
To make this journey brighter,  
let me walk with you awhile.

The death of this young girl was the proverbial straw that broke the camel’s back. After years of working in this field, I realized I could no longer stand to see these patients suffering and dying. I still felt drawn to help people fighting cancer, but too much direct contact was killing me slowly from the inside out. I had to find a way to help indirectly, but still feel I was making a contribution. I wanted and needed to be part of something vital and know that I was contributing for the greater good. So I left Radiation Oncology and took a job with the Central Cancer Registry. February 14, 2016, will mark my 24th anniversary. I have found my niche!

"The best way to find yourself, is to lose yourself in the service of others."  
- Mohandas Gandhi

So, will we ever develop a cure for cancer? No, but with better screening (to discover cancer at an earlier stage of disease) and improved treatment modalities (from researchers and Doctors studying what works best), we will have to learn to live with cancer.

In Memorium - Rosemarie Eleanor Clive

A Mentor to All Registrars!

It is with great sadness that we report the death of a mentor to so many registrars through the years. Rosemarie Eleanor Clive (nee Dupont), LPN, CTR, passed away on December 19, 2015, at The Villages Regional Hospital in The Villages, Florida.

A native of Bridgewater, MA, Ms. Clive resided for two decades in Chicago, where she retired in 1999 as Director of the Cancer Department of the American College of Surgeons (ACoS). She focused her work on the development of standards for Commission on Cancer (CoC) approved hospital cancer programs and coding and standards for the reporting of computerized data collection on the diagnosis, staging, treatment and follow-up of patients with malignant disease. Rosemarie was a participant in standardization working with local, state, national and international cancer organizations such as the American Cancer Society (ACS); American Joint Committee on Cancer Staging (AJCC), Association of Community Cancer Centers (ACCC), Centers for Disease Control (CDC), International Union Against Cancer (UICC) in Switzerland, National Cancer Institute Surveillance. Epidemiology and End Results (SEER) program, National Cancer Registrars Association (NCRA), North American Association of Central Cancer Registries (NAACCR), World Health Organization (WHO) in France, the Arab Emirate headquartered in Riyadh, Saudi Arabia.

Ms. Clive held numerous offices including president of NCRA; president of the Tumor Registrars Association of New England (TRANE), and advisor to the President of the Florida Cancer Registrars Association. She was the recipient of the Distinguished Member Award of the NCRA and the Calum Muir Award of the NAACCR. Author of more than thirty publications, Rosemarie traveled throughout the U.S. as well to Brazil, France, Germany, Switzerland, Norway, Saudi Arabia, and Kazakhstan addressing the need for standardization and computerization of cancer data in order to target scarce resources to address local and national cancer issues.

The FCRA Education Foundation has set up a Rosemarie Clive Memorial Fund and all donations will be used for cancer registrar education. A form for donations is posted on the FCRA Education Foundation website at http://www.fcra.org/index.php

Please make check payable to: FCRA Education Foundation, Inc. Mail to: FCRA Education Foundation, 2717 SW 21st Terrace, Miami, Fl 33145

Donations can also be sent directly to the FCRA Education Foundation

http://www.naaccr.org

North American Association of Central Cancer Registries
Working together to make every cancer count.