

ArCRA Newsletter



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Valentine's Day or **Saint Valentine's Day** is a holiday celebrated on February 14 by many people throughout the world. In the West, it is the traditional day on which lovers express their love for each other by sending Valentine's cards, presenting flowers, or offering confectionery. The holiday is named after two among the numerous Early Christian martyrs named Valentine. The day became associated with romantic love in the circle of Geoffrey Chaucer in the High Middle Ages, when the tradition of courtly love flourished.



2008-2009 ArCRA Executive Board

Gig White, CTR	President
Kathy Dunaway, CTR	President Elect
Tammy Newman, CTR	Past President
Sharon DeRamus, CTR	Treasurer
Cynthia Gulley, CTR	Secretary

The 2008-2009 ArCRA executive board has met twice at the AR Department of Health in Little Rock. The first meeting was Friday, October 10, 2008, and the second meeting was Friday, January 23, 2009. The meeting minutes are available; please email cynthia.gulley@arkansas.gov for a copy.

In addition, the ArCRA program committee for the 2009 ArCRA Educational Conference met on December 6, 2008 in Eureka Springs. The committee members toured the hotel conference site and discussed meeting plans.

From the Education Corner:

MP/H Rules:



How many primaries are to be coded for a collision tumor that consists of two histologic types?

Example: Collision tumor with adenocarcinoma and squamous cell carcinoma

Answer: Because these are two separate tumors and not one mixed tumor, follow the MP rules for multiple tumors for applicable primary site. Collision tumors have been reported in various organs and they represent a coexistence of two adjacent but histologically distinct tumors without histologic admixed in an organ. (from: MP/H quality improvement meeting August 2008)

Multiplicity Counter/Type of Multiple Tumors:



How is Multiplicity Counter/Type of Multiple Tumors reported as one primary apply to prostate?

Example: Core biopsy: adenocarcinoma in bilateral apices

Answer: Code these data items for prostate as you would for other primary sites. In this example you only have biopsy information; do not assume that there are multiple primary tumors just because there are multiple biopsies. When there is no information about the number of tumors you would code multiplicity counter 99 and type of multiple tumors 99. (from: MP/H quality improvement meeting August 2008)

For more information on the MP/H quality improvement meeting please go to:

http://seer.cancer.gov/tools/mphrules/training/additional_cases_082008.pdf

Mark Your Calendars



ACCR 2009 EDUCATIONAL WORKSHOP

May 11-13, 2009, Mount Magazine, Paris, AR

Website for information on the area... <http://www.mountmagazinestatepark.com/>

There will be no registration fees. The rooms will be furnished by the AR Central Cancer Registry. All meals are provided. There is **no** reimbursement for mileage. There are limited rooms so it will be a first come first serve basis. More information such as reserving rooms and directions will come via email. If you have any training topic ideas please email johnnie.jackson@arkansas.gov.



ARCRA 2009 EDUCATIONAL CONFERENCE

October 21-23, 2009, Eureka Springs, AR

Website for information on the area... <http://www.eurekasprings.com/>

More information will come via the quarterly May issue of the ArCRA newsletter. If you have any training topic or other ideas please email the program chair, Sharon DeRamus sharonmd18@yahoo.com.

Excerpts from article in South Living, December 2008 issue, page 37

WEEKEND IN... **Travel**

EUREKA SPRINGS, AR

Chill out for a couple of days or shop till you drop in this northwest Arkansas town.

By Karen Lingo

One of the most delightful spots in the Southern mountains, Eureka Springs shines in winter. Gone are the summer crowds seeking relief from the lowland heat. Gone also are the leaf watchers who cruise the town's roller coaster streets searching for autumn's paint box.....

SHOP Streets here wind up and down, so slip into your most comfortable shoes when you take your fit list for a walk. So many shops line the streets that it could take days to see them all. We love Wilson & Wilson Folk Art Co., across from the 1905 Basin Park Hotel. Look here for folk paintings by owner Blakeley Wilson and for her charming limited-edition animals decorated with tiny folk scenes. Next to the hotel, Bath Junkie will mix your favorite scents into bath salts, lotions, and creams. In a bend of Spring Street, Zarks Fine Design Gallery offers lovely decorative glass and pottery by local artists Gary Eagan and Steve Beacham of Spring Street Studio. For home furnishings and antiques, stop by Mountain Eclectic on North Main Street. Vintage Cargo, on Kingshighway near the hospital, carries furniture, VIETRI tableware, candles, and other home accessories. For local art and crafts, visit printmaker Jack Miller and other artists in their studios at The Art Colon on North Main.

EAT Forego traditional mountain fare and enjoy some surprising cuisine twists. Offerings range from ethnic to downright decadent...



The top 3 reasons for choosing ERS ...

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3. Guaranteed performance

"ERS automates multiple cancer registry processes by merging data from Pathology, the EMR Disease Index, and various Follow-Up sources, significantly enhancing the timeliness and completeness of our registry database. Now, I wonder how we ever got along without them!"

Terri Richardson, CTR
DeKalb Medical Center
Decatur, GA

"ERS really listens to their customers and updates the system with the cancer registrars' needs in mind."

Cathy Rimmer
Forsyth Hospital
Winston-Salem, NC

"The multi-facility web version of ERS is ideally suited for our network-approved cancer program. We especially like the powerful reporting and presentation features."

Lisa Robinson
Aurora Healthcare
Milwaukee, WI

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Congratulations New CTRs

Per NCRA's "The Connection"

Sharon R. Donovan, *Little Rock*

Jennifer E. Fielding, *Little Rock*

Sarah E. Fink, *Jonesboro*

Caron Hulseley, *Greenwood*

Kathy L. McDaniel, *Texarkana*

Save the Dates!!!!

The following are dates you need on your calendar and make plans to join us!!!



Thursday, Feb. 5th: NAACCR Webinar: Pharynx
1-4pm, Little Rock
3 CE's

Thursday, March 5th: NAACCR Webinar: In Depth CA Staging
1-4pm, Little Rock
3 CE's

Thursday, March 19th: NCRA Webinar: Oral Cavity
1-2:30pm, Little Rock

Thursday, April 2nd: NAACCR Webinar: CNS
8am-12pm, Little Rock
3 CE's

To sign up for these upcoming Webinars please call or email:
Melissa Riddle: (501) 661-2841 or Melissa.Riddle@arkansas.gov
Johnnie Jackson: (501) 661-2960 or jmjackson@arkansas.gov

Donald F. Gleason, 88, Dies; Devised Prostate Test

By LAWRENCE K. ALTMAN
THE NEW YORK TIMES

Sunday, January 11, 2009

Dr. Donald F. Gleason, who devised the Gleason score, which has been used to help determine the aggressiveness of prostate cancer in millions of men, died on Dec. 28 in Edina, Minn. He was 88.

The cause was a heart attack, according to the University of Minnesota, where he taught. He was also former chief of pathology at the Minneapolis VA Medical Center, which was affiliated with the university and where he did most of the research that led to the score. Dr. Gleason devised his scoring system in the 1960s through his observations of the cellular architecture of the prostate, the gland that produces seminal fluid. The score is considered the most reliable indicator of the potential for prostate cancer to grow and spread. It helps provide a prognosis and guide treatment, and it is a reference standard in clinical trials testing new therapies.

"Every prostate cancer patient knows his Gleason score," said Dr. Bruce Roth, a professor of medicine and urological surgery at Vanderbilt University and an official of the American Society of Cancer Oncology. "It is remarkable that the Gleason score remains the standard test despite the millions of dollars spent on trying to develop molecular tests to displace it."

The score is based on a pathologist's microscopic examination of prostate tissue that has been chemically stained after a biopsy. Under a standard microscope, the cells can show in various patterns.

To determine a Gleason score, a pathologist assigns a separate numerical grade to the two most predominant architectural patterns of the cancer cells. The grade depends on how far the cells deviate from normal appearance. The numbers range from 1 (the cells look nearly normal) to 5 (the cells have the most cancerous appearance).

The sum of the two grades is the Gleason score. The lowest possible score is 2, which rarely occurs; the highest is 10. Scores of 2 to 4 are considered low grade; 5 through 7, intermediate grade; and 8 through 10, high grade.

High scores tend to suggest a worse prognosis than lower scores because the more deranged, high-scoring cells usually grow faster than the more normal-appearing ones.

Prognosis also depends on further refinements. In one example, a score of 7 can come in two ways: 4 plus 3 or 3 plus 4. With 4 plus 3, cancer cells in the most predominant category appear more aggressive than those in the second, suggesting a more serious threat than a 3-plus-4 score, in which cells in the most predominant group appear only moderately aggressive.

Donald Floyd Gleason was born on Nov. 20, 1920, in Spencer, Iowa, and grew up in Litchfield, Minn., where his father, Fred, ran a hardware store and his mother, Ethel, was a teacher.

Dr. Gleason earned his undergraduate, medical and Ph.D. degrees from the University of Minnesota. After an internship at the University of Maryland, Baltimore, as a lieutenant in the Army Medical Corps, he trained as a pathologist at the Minneapolis VA hospital. He became the hospital's chief of anatomic pathology and laboratories and retired in 1986.

Dr. Gleason is survived by his wife, Nancy; three daughters, Donna O'Neill of Annandale, Va., Sue Anderson of Burnsville, Minn., and Ginger Venable of Eden Prairie, Minn.; a sister, Barbara Jarl of St. Paul; and nine grandchildren.

In 1962, Dr. George Mellinger, the hospital's chief of urology, who also led a cooperative urological research project involving 14 hospitals, asked Dr. Gleason to develop a standardized pathological testing system for prostate cancer.

Dr. Gleason wrote in a personal narrative that he was well aware of the wide variation that existed in the speed with which prostate cancer spreads, as well as in the architectural patterns seen under a microscope. Many microscopic classifications existed at the time, but pathologists had difficulty applying them and often devised their own, thereby creating confusion in treatment and the evaluation of new therapies.

To sharpen comparisons, Dr. Gleason based his classification on a small number of changes seen in the architectural arrangement of cancer cells.

The patterns were strongly related to survival rates in the first 270 patients, he reported in 1966 in the journal *Cancer Chemotherapy Reports*. Extending the study to include 4,000 patients strengthened the findings.

Doctors adopted the Gleason score slowly until 1987, when seven leading experts in urology and pathology recommended that it be used uniformly in all scientific publications on prostate cancer.

The Gleason score became even more widely applied with the surge in the number of prostate cancers detected from a different test, the PSA (or prostate specific antigen) test, a blood test used for screening. As more cancers are detected, there is more reason to apply the score.

Last year, 186,320 people in the United States developed prostate cancer and 28,660 died from it, according to the American Cancer Society.

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Update on ACCR Data Submission

It is my impression that you are all aware of the fact that once a year we submit data to the North American Association of Central Cancer Registries (NAACCR) for certification purposes; but I'm not sure if you all know that we also submit data to the National Program of Cancer Registries (NPCR) once a year. NPCR is the governing body that pays the bills for us and we submit a data set that consists of only one year. It is required that we do the same de-duplication; edit correction process to submit those cases. On January 29th we submitted 12,758 cases for the diagnosis year 2007. Our sincere thanks go to all of you who submitted your 2007 cases in time for this submission.

New 12 Month Data Submission Policy

NPCR set certain standards that registries are required to meet. One such standard/ requirement is that within 12 months of the close of a diagnosis year, the central cancer registry data has to be 90% complete based on the observed-to-expected cases. In response to this standard, a new policy has been written and will be distributed to all reporting facilities and published on our website in the very near future. So please keep a look out for upcoming policy change.

Submitted by
Theressia Mitchell, RHIT, CTR
Assistant Director, Arkansas Central Cancer Registry



The Arkansas Cancer Coalition presents:

**Summit X
Cancer Survivorship:
Embracing the Journey**

**Tuesday, March 31, 2009
Holiday Inn Airport Conference Center**

Mark your calendars now for the Coalition's 10th Annual Cancer Summit. We will explore and discuss current survivorship issues including healthcare access, treatment options, and system navigation. Join us as we embrace Life After Cancer!

Also, don't miss "Celebrating the Journey," an awards reception honoring our partners and members for their work in tobacco prevention. Monday, March 30, 2009

For more information call 501-603-5209
To register visit www.arkansascancercoalition.org



LET'S GET UP CLOSE AND PERSONAL



Congratulations!!!

"I am the proud father of my son, Kameron Michael Guire. He was born on 1-12-2009, weighed 7 lb 14 oz, and was 21 $\frac{1}{4}$ inches long. I haven't stopped smiling yet! This by far is the best thing that I have ever been blessed with!"

---- John Guire, St. Edwards Mercy Medical

Karyn Cramer took Kathy Dunaway's position at Baxter Regional Medical Center in Mountain Home as registrar in April 2007. Karyn has been working on AHIMA's Cancer Registry Management education program: http://campus.ahima.org/Campus/course_info/CRM/crm_intro.html (AHIMA has partnered with NCRA to create an accredited formal education program for cancer registry management.) Karyn plans to finish this program soon and sit for her CTR certification.

In addition to working at BRMC as a registrar, Karyn is the mother of six children and a professional dog groomer since 1992. **Give Karyn a call if you need your pooch primped!! 870-736-3892.**





"This past December my family traveled to Custer, So. Dakota for a hunting trip. On December 8th my daughter Sarah and I harvested two nice trophies. Sarah's cow elk weighed in at approximately 250 pounds. She took it with one shot at 125 yards using her brother's deer rifle.

My bull buffalo weighed in at approximately 2,200 pounds and dressed out at 894 pounds. I took my buffalo with one shot at 100 yards using my husband's old Thompson muzzleloader with open sites (no scope!). The weather was great and we all had a fantastic time. Yes, we are eating the buffalo and elk; both are very tasty and are a good healthy substitute for beef."

---- Barbara Murchison, Medical Center of So. AR



January Ice Storm Hits Northern Arkansas

I'm sure this picture looks familiar to all of us who live in the northern region of Arkansas. This is a picture I took at our place in Melbourne. We were only out of power for a few days, but unfortunately, there are thousands of people who are still out of power.

KUDOS to all those electric companies from outside regions that have come to our rescue!!!!

---- Cynthia Gulley, ACCR

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“What Ever Happened To That Cute, Crazy, Red-headed CTR from SBRMC?”

Shannon Hart – Lundquist worked at St. Bernard’s in Jonesboro from November 19, 2001 to July 1, 2005. She worked with Tammy Newman as a cancer registrar and she became CTR certified in March 2004. Shannon continues to be an active ArCRA member.

She moved to Colorado and began working for Vail Valley Medical Center (VVMC) on July 13, 2005. She is the only registrar and is the Registry Manager for VVMC. This medical facility is nestled in the Central Mountains of Colorado (2 hours from both Denver and Grand Junction). Though small, this facility has a cancer center offering a full range of care from radiation to medical oncology.

Shannon married a tall, handsome Coloradan, Erik Lundquist, in lovely ceremony in her hometown of Walnut Ridge on October 27, 2007.

Those of you who know Shannon know that she is a “mom” to Duchess the cat and Sunny the lizard. Recently she and Erik have added a new member of the family, Tucker, a schnoodle puppy. They have plans of adding a second puppy and they are working on adding a baby to the family in the near future!!!!

Erik and Shannon have purchased a home and they live 30 miles west of Vail. They have plenty of room and look forward to friends and family to come for visits. She wants her buddy, Tammy Newman, to come tubing this spring break.

Many of Shannon’s family have been to visit her several times; she and niece Rhiannon always find time to go snow tubing. (Shannon recommends this sport if you ever visit the mountains during the winter.)

Shannon keeps in touch with a bunch of her registrar friends by email and when she returns home for visits.

The pictures on the next page are: Gore Creek, Vail - Shannon and Erik’s home – Erik and Tucker - Tucker



YOU CAN COUNT ON SEER
2009 SEER Workshop
National Cancer Registrars Association Annual Conference
Sheraton New Orleans Hotel
New Orleans, Louisiana

REGISTRATION ANNOUNCEMENT

Topic	Statistics for Cancers Registrars
Workshop Dates	Sunday, May 31, 2009
Workshop Time	8:00 am – 5:00 pm
Workshop Location	Sheraton New Orleans Hotel
Workshop Attendees	Registrars Seating is limited to 100 participants
Workshop Fee	There is no fee for this workshop.
Registration	ALL registrations must be made ONLINE Registration Opens: NOW Registration URL: http://www.blsmeetings.net/2009SEERWorkshop Registration Closes: March 31, 2009
Questions	Contact Antoinette Percy-Laurry (nciseerqi@mail.nih.gov)