

A blue-tinted microscopic image of cells, likely cancer cells, with a yellow vertical bar on the right side.

An Introduction to the  
**CANCER REGISTRY**  
INSTRUCTOR'S GUIDE - 2018

## NCRA Education Foundation

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The NCRA Education Foundation is a nonprofit organization that supports the advancement of the cancer registry profession through education and research. It provides training and other resources to cancer registry professionals to ensure the collection and reporting of high-quality cancer data.

## Dedication

To all future Certified Tumor Registrars.

## Acknowledgements

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Centers for Disease Control and Prevention (CDC)'s National Program of Cancer Registries (NPCR)

## System Requirements

Users will need access to the following to view the presentations and related materials:

- Microsoft® PowerPoint®
- Adobe® PDF Reader® or similar
- An Internet connection

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# INTRODUCTION

The cancer registry profession is a career opportunity that Health Information Management students may find rewarding. This USB contains short PowerPoint presentations that provide HIM students with an overview of what it is like to be a cancer registrar and the many important functions that take place within a cancer registry.

The presentations are arranged in a specific order; however, they can certainly be viewed in any sequence. Each presentation has a narrated and non-narrated version. This user guide will help you share the information more easily. For each presentation, you will find a summary and a list of objectives as well as related topics and references to enhance further class discussion or study. A presentation length is also listed.

If you or your students have questions about the materials or the cancer registrar profession, please feel free to contact the NCRA Education Foundation.

Also, we would appreciate hearing your thoughts on these materials. If possible, please submit the evaluation form at the end of this guide.

We hope you enjoy informing your students about the cancer registry—and how they can directly contribute to improved cancer research, treatment, and prevention.

## LEARNING OBJECTIVES

To gain knowledge about the cancer registry, specifically:

- The purpose and importance of the cancer registry
- What cancer data is collected and how it is used
- Rules that govern the cancer registry
- Coding manuals and applications used in the registry
- Cancer staging systems
- Casefinding and methods of casefinding
- Goals of patient follow-up
- Data reporting and standard-setting organizations
- Confidentiality
- Cancer Committee membership and responsibilities
- Purpose and benefits of Cancer Conferences/Tumor Boards
- The importance of quality cancer registry data
- Requirements for becoming a Certified Tumor Registrar (CTR)
- Career opportunities for cancer registrars

# CANCER REGISTRIES

Length: 7:17

## Objectives

- Define what a cancer registry is
- Discuss the purpose of the cancer registry
- Explain the importance of the cancer registry
- Define what a cancer registrar is
- Identify the responsibilities of a cancer registrar
- Describe different types of cancer registries

## Summary

Cancer registries collect, store, manage, and analyze data on people with cancer. They establish and maintain a cancer incidence reporting system, serve as an information resource for cancer research, and provide information to assist public health officials and agencies. For example, physicians need cancer data to learn more about the causes of cancer to be able to detect it earlier. Cancer registry data also helps determine the approximate percentage of people who will still be alive within a certain time period from diagnosis. Cancer registrars are trained to collect accurate, complete, and timely data. There are three types of cancer registries: hospital registries, state registries, and special cancer registries.

## Topics and References

The American Cancer Society offers information and statistics on all types of cancers:

[www.cancer.org](http://www.cancer.org)

The National Institutes of Health (NIH) provides information on all health topics, including cancer.

NIH website: [www.nih.gov](http://www.nih.gov)

NIH article on cancer costs projection for 2020: [www.nih.gov/news/health/jan2011/nci-12.htm](http://www.nih.gov/news/health/jan2011/nci-12.htm)

# ABSTRACTING

Length: 4:49

## Objectives

- Define what a cancer registry abstract is
- Discuss what information (data) is collected
- Identify the organizations that govern abstracting rules
- Review how the collected data is used

## Summary

An abstract is a record that contains information about each patient from the time of diagnosis and continuing throughout his or her life. The abstract includes patient data about demographics, diagnostic studies, cancer staging, treatment, and follow-up. When they create and update abstracts, cancer registrars must follow abstracting rules set by their individual state central registries. Hospitals that are accredited through the American College of Surgeons Commission on Cancer (ACoS CoC) also follow CoC abstracting rules and standards. Cancer registries transmit abstract data to their state's cancer registry and, if the facility is ACoS CoC-accredited, to the National Cancer Database (NCDB).

## Topics and References

Search the Internet for your state cancer registry. What agencies does it follow for coding structures and requirements?

The North American Association of Central Cancer Registries Data (NAACCR) Standards and Data Dictionary for abstracting: [www.naacr.org/StandardsandRegistryOperations/Volumell.aspx](http://www.naacr.org/StandardsandRegistryOperations/Volumell.aspx)

The National Program of Cancer Registries (NPCR) standards for abstracting: [www.cdc.gov/cancer/npcr/standards.htm](http://www.cdc.gov/cancer/npcr/standards.htm)

SEER program abstracting requirements: Open the *SEER Program Coding and Staging Manual* link [https://seer.cancer.gov/manuals/2018/SPCSM\\_2018\\_maindoc.pdf](https://seer.cancer.gov/manuals/2018/SPCSM_2018_maindoc.pdf). For an example of the type of information that you may need to capture in an abstract, see the descriptions of therapy options starting on page 147

Commission on Cancer quality of care measures: [www.facs.org/cancer/qualitymeasures.html](http://www.facs.org/cancer/qualitymeasures.html)

Comparison benchmark reports and survival reports: <https://www.facs.org/quality-programs/cancer/ncdb/publicaccess>

# CODING

Length: 8:36

## Objectives

- Discuss the coding manuals and applications used to abstract
- Explain the importance of standardization

## Summary

Cancer registries use multiple coding applications and manuals to abstract their data. The Standards for Oncology Registry Entry (STORE) instruct abstractors on the types of tumors that require data collection and define how to accurately complete and code most fields of an abstract. The International Classification of Disease for Oncology (ICD-O) is used to code the site, histology, and behavior of the patient's tumor.

The American Joint Committee on Cancer (AJCC) Staging Manual allows for correct staging of the tumor, nodes, and distant metastasis. The Solid Tumor Coding Manual promotes consistent and standardized coding by cancer registries to determine the number of primaries and histology codes. The Surveillance, Epidemiology and End Results (SEER) Summary Stage also codes the extension of the tumor using a combination of clinical and pathological information. The Site-Specific Data Items (SSDI) Manual is the primary resource for coding instructions for site-specific data items. The Grade Manual is used to assign the tumor grade which is an important prognostic indicator for many tumors. The Hematopoietic and Lymphoid Neoplasm Database helps determine if a patient has a single or multiple blood and lymphoid neoplasms. The SEER\*Rx Interactive Antineoplastic Drugs Database assists the cancer registrar in coding oncology drug and regimen treatments. Use of these coding applications and manuals improves the accuracy and quality of cancer registry data.

## Topics and References

Use STORE Manual to discuss how the following abstract elements play a role in tracking a patient's history:

\*\*At the time of this printing the *STORE Manual* was not yet final. Please go to

<https://www.facs.org/quality-programs/cancer/coc/info/resources> under the heading **Reference Manual**

click *STORE Manual*.

- Case eligibility
- Accession number
- Sequence number
- Vital status
- Cancer status
- Site-specific surgery codes

Open the *Solid Tumor Rules General Instructions* Manual on the USB and review:

- How to Use the Solid Tumor Rules (page 6)
- How to Use the Multiple Primary Rules (page 7)
- How to Use the Histology Rules (page 10)
- To view the site-specific rules, please see <https://seer.cancer.gov/tools/solidtumor/>



# CANCER STAGING

Length: 10:12

## Objectives

- Define cancer staging
- Discuss the purpose of staging
- Identify staging sources
- Review major staging systems

## Summary

According to the theory of cancer growth, cancer originates in a single cell. The cell continues to divide and grow in the organ of origin, spreads to adjacent tissue or regional lymph node drainage areas, and then spreads to distant organs or structures. Cancer can spread directly from the organ of origin through the bloodstream into distant organs without involving adjacent organs and regional lymph nodes.

Staging is a common language developed by medical professionals to communicate information about cancer to others. It describes the severity of an individual's cancer based on the extent at the original tumor (the "site"), and how far the cancer has spread. Two staging systems are discussed in this presentation: SEER Summary Stage and AJCC Cancer Staging.

Cancer staging is important for several reasons. It helps medical professionals adequately assess the extent of cancer and determine the most appropriate treatment to cure the disease, decrease the tumor burden, or relieve symptoms. Staging is also used to estimate the prognosis for individual patients.

## Topics and References

### Terminology Review

*Basement membrane:* a sheet of material upon which the basal surfaces of epithelial cells rest

*Blood vessels:* arteries, capillaries, and veins conveying the blood

*Capillary:* one of the microscopic blood vessels joining arterioles and venules

*Distant metastasis:* a tumor that develops away from the site of origin *Epithelial cell:* one of the closely packed cells forming the epithelium

*Epithelial lining of vessel:* blood tissue fluids exchange various substances across these walls

*Epithelium:* membranous tissue covering internal organs and other internal surfaces of the body

*Lymph node:* small, oval structure that filters the lymph and fights infection

*Lymph vessels:* capillaries, collecting vessels, and trunks that collect lymph from the tissues and carry it to the bloodstream

## CANCER STAGING, cont.

*Parenchyma of organ:* the essential or functional elements of an organ, contained in and supported by the stroma

*Stroma:* the supporting tissue of an organ

Methods of cancer spread:

- Adjacent tissue
- Lymphatic wall
- Blood-borne metastasis

Open the *SEER Summary Stage Folder* on the USB and review:

- SEER Summary Stage – Guidelines
- SEER Summary Stage – Colon
- SEER Summary Stage – Breast
- SEER Summary Stage – Lung

American Joint Committee on Cancer (AJCC) Staging: [www.cancerstaging.org](http://www.cancerstaging.org)

# CASEFINDING

Length: 4:14

## Objectives

- Define Casefinding
- Describe Casefinding methods
- Explain the importance of Casefinding

## Summary

Casefinding is a system for locating every patient who is diagnosed and/or treated with a reportable diagnosis at a facility. All registries must perform casefinding to ensure all applicable cases are reported. Almost all malignant cancer cases, as well as some benign central nervous system tumors, are required to be reported to the state. Cancer registries may use different source documents for casefinding, but the procedures involved in casefinding are similar. Casefinding is essential for complete reporting.

It will be helpful to review the glossary definitions for the following terms before you view this presentation:

- Basal and squamous cell skin cancer
- Benign
- Borderline tumors
- Carcinoid tumors
- Radiation oncology
- Uncertain behavior neoplasms

## Topics and References

Open the STORE Manual on the USB and review the types of cases that are required to be reported. Click on Case Eligibility of the Table of Contents.

\*\*At the time of this printing the *STORE Manual* was not yet final. Please go to <https://www.facs.org/quality-programs/cancer/coc/info/resources> under the **Reference Manual** heading click *STORE Manual*.

Most cancer registry software programs now have automatic merge capabilities to enter cases to be reviewed as a potential reportable case. This saves time, eliminating the need for the cancer registrar to manually check to see if a case has already been entered into the database.

# PATIENT FOLLOW-UP

Length: 5:32

## Objectives

- Define patient follow-up
- Identify the goals of follow-up
- Review the methods used to obtain patient follow-up information
- Discuss why lifetime follow-up is important

## Summary

Patient follow-up provides ongoing surveillance to determine if treatment has worked. Specifically, registrars look for—and enter into a patient’s abstract—information about patient status, cancer status, recurrent disease, additional treatment, and new types of cancer the patient may have been diagnosed with. Cancer registrars perform follow-up for each patient on an annual basis. Each month, registrars compare a list of patients requiring follow-up to various facility records that detail hospital admission, outpatient encounters, and clinic visits. If they find no new information, registrars will send a letter to the patient’s managing physician requesting the date of the patient’s most recent visit. At times, a letter may be sent to the patient to determine which physician he or she sees for annual exams.

## Topics and References

Open the *CoC Cancer Program Standards: Ensuring Patient-Centered Care* on the USB and go to pages 75-76 to review its requirements for follow-up rates. All accredited facilities must abide by the *CoC Cancer Program Standards*.

Open *NAACCR Standards for Cancer Registries, Volume III* on the USB, and go to page 29 to review its requirements for follow-up success rates.

To learn more about the cancer burden of the United States, visit [www.seer.cancer.gov/statistics](http://www.seer.cancer.gov/statistics). You will find fact sheets and incidence, mortality, and prevalence information.

# DATA SUBMISSION

Length: 6:10

## Objectives

- Discuss the purpose and benefit of submitting data
- Identify the organizations data is submitted to
- Review the type of data submitted
- Explain the cancer registrar's role in data submission

## Summary

By law, all cancer registries must submit data to their state's cancer registry. Additionally, hospital cancer programs accredited by the Commission on Cancer (CoC) submit their data to the National Cancer Data Base (NCDB) on an annual basis. Cancer registrars are essential to the data submission process. They compile the data and run edits to ensure there are no errors in the abstracts. Once the data is clean of errors, it is submitted electronically. No patient-identifying indicators are sent to NCDB.

## Topics and References

Open the *CoC Cancer Program Standards* on the USB and go to pages 77-78 to review Standards 5.5 and 5.6, which are specific to the National Cancer Data Base (NCDB) data requirements.

What does the NCDB do with the data?

- NCDB data is shared with all registry facilities that submit to it. Registries can access multiple reporting tools that allow them to compare their data to that of other facilities.
- NCDB data is shared with the public at [www.facs.org/cancer/ncdb/publicaccess.html](http://www.facs.org/cancer/ncdb/publicaccess.html). Users can review:
  - o cancer cases reported to NCDB by tumor type and stage
  - o benchmark reports on numerous sites and variables

Open *NAACCR Standards for Cancer Registries, Volume I* on the USB and go to page 8 to review data exchange standards.

Review National Program of Cancer Registries (NPCR) data reporting requirements for state registries: [www.cdc.gov/cancer/npcr/standards.htm](http://www.cdc.gov/cancer/npcr/standards.htm)

Review specifics on Surveillance, Epidemiology and End Results (SEER) data reporting requirements: [https://seer.cancer.gov/tools/seer\\_2018.instructions.pdf](https://seer.cancer.gov/tools/seer_2018.instructions.pdf)

# CONFIDENTIALITY

Length: 5:28

## Objectives

- Define confidentiality
- Review its relationship to the cancer registry
- Summarize laws of confidentiality
- Discuss the cancer registrar's role
- Identify when and why registries release information

## Summary

Cancer data is highly confidential, and it is critical that all cancer registry staff maintain that confidentiality. Cancer registrars have access to patients' medical records to transfer the information into registry databases. Cancer registry functions fall under the Operating Rules portion of HIPAA. These rules allow health care facilities to share the first course of treatment and follow-up of shared patients. The 2009 economic stimulus bill requires registries to account for disclosures of information at a patient's request. Individuals and cancer registries can be subject to penalties if disclosures are improperly released, just like other health care employees.

## Topics and References

Open *NAACCR Standards for Cancer Registries, Volume III* on the USB, and go to pages 125-129 to review standards pertaining to data release.

# CANCER COMMITTEE

Length: 10:02

## Objectives

- Define a Cancer Committee
- Describe the responsibilities of the Cancer Committee
- Identify Cancer Committee members
- Review required attendance of the Cancer Committee members
- Explain the cancer registrar's role

## Summary

Commission on Cancer (CoC) standards help ensure the structures, processes, and outcomes necessary for the delivery of quality cancer care are in place for accredited hospital cancer programs. One component of that structure is the Cancer Committee. A Cancer Committee is a multidisciplinary leadership body that is responsible and accountable for planning, implementing, and improving their facility's cancer program activities. A cancer program's success depends on the Cancer Committee effectively setting and monitoring goals. Cancer Committee members include physicians and allied health professionals; the cancer registrar is a required member and updates the committee using multiple reports. This committee must meet at least quarterly.

## Topics and References

Open the *CoC Cancer Program Standards* on the USB to review information on:

- Required members, coordinators, and attendance: pages 29-33
- Cancer program goals: page 34
- Cancer Conference Coordinator responsibilities: pages 37-38
- Community Outreach Coordinator responsibilities: pages 39-40
- Clinical Research Coordinator responsibilities: pages 41-42
- Psychosocial Coordinator responsibilities: pages 56-57
- Cancer Liaison Physician responsibilities: pages 64-65
- Quality Improvement Coordinator responsibilities: page 72
- Prevention programs: pages 60-61
- Screening programs: pages 62-63
- Studies of quality: pages 70-71

# CANCER CONFERENCE (aka TUMOR BOARD)

Length: 10:04

## Objectives

- Discuss the purpose and benefits of Cancer Conferences
- Identify the CoC requirements
- Explain the role of the Cancer Registrar and Cancer Conference Coordinator
- View a real Cancer Conference meeting

## Summary

A Cancer Conference (Tumor Board) provides the opportunity to have a multidisciplinary discussion focused on current diagnoses and treatment standards, with patients' well-being and care as the primary focus. During Cancer Conference meetings, oncologists, pathologists, radiologists, physicians, and other health care staff discuss actual patient cases—with the goal of determining the best treatment plan for the patient. Discussions cover each patient's history of illness, their radiologic studies and pathology slides, cancer stage, prognostic indicators, possible treatments, and clinical trial options.

The video in this presentation demonstrates an actual Cancer Conference meeting at Torrance Memorial Medical Center in Torrance, California.

## Topics and References

Cancer Conferences are also known as Tumor Boards.

Open the *CoC Cancer Program Standards* on the USB and review the requirements of the Cancer Conference on pages 37-38.



# QUALITY

Length: 4:26

## Objectives

- Define the term quality
- Discuss the benefits of quality data
- Describe the Commission on Cancer's required quality objectives
- Explain the cancer registrar's role in quality activities

## Summary

Quality is the ability of a product, service, or process to meet customers' expectations and provide the intended value. High-quality cancer registry data are essential to accurately assess treatment outcomes and patient survival. In cancer registries, the term "quality improvements" refers to the actions taken, processes implemented, or services created to improve patient care. The Commission on Cancer (CoC) has four objectives pertaining to quality: establish standards to ensure quality cancer care, collect high-quality data, use data to measure cancer care quality, and develop effective education interventions. Cancer registrars work closely with a Quality Improvement Coordinator to develop and assist with quality studies, which measure the facility's performance and outcome measures.

## Topics and References

Open the *CoC Cancer Program Standards* on the USB to review information on:

- Cancer Registry Quality Control Plan: pages 35-36
- Accountability measures: page 66
- Quality improvement measures: page 67
- Monitoring compliance with evidence-based guidelines: pages 68-69
- Studies of quality: pages 70-71
- Quality improvements: page 72

Open *NAACCR Standards for Cancer Registries, Volume III* on the USB and review pages 31-35 for information about data quality assurance requirements.

# BECOME A CERTIFIED TUMOR REGISTRAR

Length: 4:06

## Objectives

- Explain eligibility requirements to sit for the Certified Tumor Registrar (CTR) examination
- Discuss career opportunities for cancer registrars

## Summary

After students hear about the cancer registry field, they often ask how to become a cancer registrar. To take the Certified Tumor Registrar (CTR) examination, candidates must meet education and experience eligibility requirements. The National Cancer Registrars Association Council on Certification has defined three routes for achieving this goal, which are discussed in the presentation. Certified Tumor Registrars enjoy career opportunities in many settings, from hospitals and state registries to national cancer programs, and even consulting firms.

## Topics and References

Completion of an NCRA-accredited program fulfills specific eligibility requirements for CTR exam candidates. All NCRA-accredited programs have undergone extensive review by NCRA's Formal Education Program Review Committee. Some programs offer distance learning through online coursework. The current list of formal education programs is available at: <http://www.ncra-usa.org/Education/Accredited-Education-Programs/Associate-and-Certificate-Programs>

CTR Exam Eligibility: <http://www.ctrexam.org/eligibility/index.htm#sub4>

The National Cancer Registrars Association is a not-for-profit association representing cancer registry professionals and Certified Tumor Registrars. NCRA's primary focus is education and certification with the goal of ensuring all cancer registry professionals have the required knowledge to be superior in their field. Worldwide, there are over 6,000 NCRA members and CTRs.

# CANCER REGISTRY REPORTS

## Site Distribution Tables

Site distribution tables can be run using the cancer registry software database. The site distribution can be sorted by different criteria such as gender, stage, class of case, patient status, etc. Sample reports provided on the USB:

- 2016 Newly Diagnosed Site Distribution Table
- 2017 Newly Diagnosed Site Distribution Table – AJCC Stage
- 2017 Newly Diagnosed Site Distribution Table – SEER Summary Stage

## Graphs

A cancer registrar can run different types of reports to demonstrate the population distribution of patient demographics for all sites combined or by individual site. Sample reports provided on the USB:

- 2017 Newly Diagnosed Cases Age at Diagnosis by Sex
- 2017 Newly Diagnosed Cases AJCC Stage at Diagnosis by Sex
- 2017 Newly Diagnosed Cases by AJCC Stage

## NCDB Survival Reports

The NCDB Survival Reports are provided to allow CoC-accredited cancer programs access to AJCC stage-stratified unadjusted five-year observed survival rates for all cancer sites that are staged. Rates are computed by the actuarial method, compounding survival in one-month intervals from the date of diagnosis, with death from any cause as the endpoint. Survival rates are not displayed when fewer than 30 cases are available, as survival rates calculated from small numbers of cases can yield misleading results and may have very wide confidence intervals. CoC-accredited cancer programs are not permitted to publicly report comparative survival rates. Survival rates can differ from one facility to another for a variety of reasons. The survival reports available for students to view include all CoC-accredited cancer programs. Sample reports provided on the USB:

- Observed Survival Rates by AJCC Stage – Breast
- Observed Survival Rates by AJCC Stage – Melanoma of Skin
- Observed Survival Rates by AJCC Stage – Prostate

## NCDB Comparison Benchmark Reports

The NCDB Hospital Comparison Benchmark Reports are provided to CoC-accredited cancer programs to compare and contrast patient demographics, pattern of disease presentation by AJCC stage and other histo-pathologic characteristics, and patterns of patient management across all cancer sites. Multiple sample reports are provided on the USB in the document titled:

- Stage at Diagnosis Hospital vs NCDB Comparison Data

## CANCER REGISTRY REPORTS, cont.

### Lost to Follow Up Calculations Report

Long-term follow up is essential to evaluate outcomes of cancer care. Accurate follow up data enable cancer programs to compare outcomes with regional, state, or national statistics. For CoC-accredited cancer programs, follow up information must be obtained at least annually for all eligible living patients included in the cancer registry database. The accredited programs must maintain an 80% follow up rate for all eligible cases since the cancer registry reference date and a 90% follow up rate for all eligible cases diagnosed within the last five years. A sample report used to determine follow up rates is provided on the USB:

- Lost to Follow Up Calculations Report

### Additional Resources

To learn more about how cancer registry data is used and/or run reports using interactive databases, open the following document on the USB for multiple website links:

- Additional Resources – Website Links

## GLOSSARY

**American Cancer Society:** A national organization that's been leading the way to transform cancer from deadly to preventable for the last 100 years.

**American College of Surgeons (ACoS):** A scientific and educational association of surgeons dedicated to improving the care of the surgical patient and safeguarding standards of care in an optimal and ethical practice environment.

**American Joint Committee on Cancer (AJCC):** A not-for-profit organization that provides worldwide leadership in the development, promotion, and maintenance of evidence-based systems for the classification and management of cancer in collaboration with multidisciplinary organizations dedicated to cancer surveillance and to improving care.

**Basal and squamous cell skin cancers:** These cancers are most often found in areas exposed to the sun, such as the head, neck, and arms, but they can also occur elsewhere. They are very common but are also usually very treatable.

**Benign:** An abnormal growth that is not cancer and does not spread to other areas of the body.

**Biopsy:** The removal of a sample of tissue to see whether cancer cells are present.

**Blood disorders:** Abnormal blood conditions that may not be considered "cancer" but are required to be reported to the state.

**Bone marrow:** The soft, spongy tissue in the hollow middle of certain bones of the body. This is where new blood cells are made.

**Borderline tumors:** Tumors of low malignant potential. The prognosis and treatment of these tumors are different from malignant invasive carcinomas.

**Cancer:** A group of more than 100 different diseases in which cells in a part of the body begin to grow out of control.

**Cancer control:** Strategies and actions to prevent cancer and to increase survival and quality of life for those with cancer.

**Cancer prevention:** Development and evaluation strategies for reducing cancer incidence.

**Carcinoid tumors:** Tumors that develop from neuroendocrine (nerve and endocrine) cells, usually in the digestive tract or lung.

**Case finding:** A system for locating every patient, inpatient or outpatient, who is diagnosed and/or treated with a reportable malignancy or tumor.

**Certified Tumor Registrar (CTR):** A data management expert who collects cancer data from a variety of sources and reports the resulting cancer statistics to various health care agencies.

**Chemotherapy:** Treatment with drugs that kill cancer cells.

**Clinical research:** A department that coordinates and maintains the requirements for offering clinical trials.

**Clinical trials:** Research studies that use human volunteers to test new drugs or other treatments to compare current, standard treatments with others that may be better.

**Commission on Cancer (CoC):** A consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care.

**Comparison benchmarks:** Comparing an organization's own performance against the performance of other organizations that have been judged best in a comparable industry.

**Compliance:** The act of following a medical regimen correctly and consistently.

**Confidential:** Spoken or written in secret and intended to be kept secret. In the cancer registry, all identifiable data is considered confidential.

**CT (Computerized Tomography):** A radiologic imaging that uses computer processing to generate an image of tissue density in slices through the body.

**Cytology:** The study of cells using a microscope.

**Differentiation:** In cancer, differentiation refers to how mature (developed) the cancer cells are in a tumor. Differentiated tumor cells resemble normal cells and grow at a slower rate than undifferentiated tumor cells, which lack the structure and function of normal cells and grow uncontrollably.

**Disease index:** A computerized listing of patients seen in a hospital (inpatient and outpatient) organized by discharge diagnosis code.

**Disease registry:** An organized system for the collection, storage, analysis, and interpretation of data on persons with the particular disease of concern.

**Excisional biopsy:** Also called open surgical biopsy. Removal of the entire mass or a large portion of the mass so that the tissues can be looked at under a microscope to find out if they contain cancer cells.

**Hematologic cancer:** Cancer that begins in blood-forming tissue, such as the bone marrow, or in the cells of the immune system.

**Hematopoietic:** Pertaining to or effecting the formation of blood cells.

**Histology:** The microscopic study of tissues and cells.

**Hormonal therapy:** Cancer treatment using drugs that interfere with hormone production or hormone actions. Hormone therapy may help kill or slow the growth of cancer cells that depend on hormones to grow.

**ICD-10-CM:** International Classification of Disease, Tenth Revision, Clinical Modification. The clinically modified statistical classification system that arranges diseases and injuries into groups according to established criteria.

**ICD-O:** International Classification of Diseases for Oncology. Used to code the histology, behavior, and grade of a tumor. Registries are currently using the third edition of the ICD-O (ICD-O-3).

**Incidence:** The number of new cases of a disease that occur in a certain number of people each year.

**Incisional biopsy:** Different from an excisional biopsy because the surgeon does not attempt to remove the entire mass to see whether cancer cells are present.

**Leukemia:** Cancer of the blood or blood-forming organs.

**Lymphoid neoplasm:** Cancer of the lymph nodes or lymphatic system.

**Lymphadenopathy:** Abnormally enlarged lymph nodes.

**Lymphoma:** A cancer of the lymphatic system, a network of thin vessels and nodes throughout the body that helps to fight infection.

**Mammography:** An x-ray of the breast; a method of finding breast cancer that cannot be felt on physical examination.

**Mammogram:** The photographic results of mammography.

**Medical Oncology:** A doctor who is specially trained to diagnose and treat cancer with chemotherapy and other drugs.

**Meningioma:** A type of slow-growing tumor that forms in the meninges (thin layers of tissue that cover and protect the brain and spinal cord).

**Morbidity:** A diseased condition or state.

**Mortality:** The state of being mortal, or susceptible to death.

**MRI (Magnetic Resonance Imaging):** An imaging technique that uses a magnetic field and radio waves to provide very detailed images of the body. These images provide more information than a typical x-ray.

**Multidisciplinary:** A treatment planning approach or team that includes a number of doctors and other health care professionals who are experts in different specialties. In cancer treatment, the primary disciplines are medical oncology, surgical oncology, and radiation oncology.

**National Cancer Database:** A nationwide, facility-based, oncology data set that currently captures 75% of all newly diagnosed cancer cases in the United

States annually. It holds information on over 20 million cases of reported cancer diagnoses for the period 1985 through 2007 and continues to grow.

**National Cancer Institute (NCI):** A federal agency that coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients.

**National Cancer Registrars Association (NCRA):** A not-for-profit association representing cancer registry professionals and Certified Tumor Registrars. NCRA's primary focus is education and certification with the goal of ensuring all cancer registry professionals have the required knowledge to be superior in their field.

**National Comprehensive Cancer Network (NCCN):** A not-for-profit alliance of 21 of the world's leading cancer centers dedicated to improving the quality and effectiveness of care provided to patients with cancer.

**National Program of Cancer Registries (NPCR):** A program of the Centers for Disease Control and Prevention (CDC) that collects cancer data nationally through state cancer registries. It was established in 1992 by Congress. NPCR uses SEER Summary Stage.

**Needle biopsy:** Removal of fluid, cells, or tissue with a needle so that it can be looked at under a microscope.

**Neoplasm:** An abnormal growth (tumor) that starts from a single altered cell. A neoplasm may be benign (not cancer) or malignant (cancer).

**Network:** An interconnected or interrelated group or system.

North American Association of Central Cancer Registries (NAACCR): A collaborative umbrella organization for cancer registries, governmental agencies, professional associations, and private groups in North America interested in enhancing the quality and use of cancer registry data. All central cancer registries in the United States and Canada are members.

Oncologist: A doctor with special training in the diagnosis and treatment of cancer.

Outcome: The condition of a patient at the end of therapy, how well the treatment has worked, and how long the patient has survived after a cancer diagnosis (survival rate).

Prevalence: The percentage of a population that is affected with a particular disease at a given time.

Primary site: The anatomic site where the original tumor begins. Primary cancer is usually named after the organ in which it starts.

Prognosis: A prediction of the course of disease; the outlook for the chances of survival.

Radiation oncology: The study of the treatment of cancer using radiation.

Radiotherapy: Treatment with high-energy rays (ionizing energy, such as x-rays) to kill cancer cells and shrink tumors.

Recurrence: The return of cancer after treatment.

Reportable list: A list that identifies all diagnoses and types of cases to be included in the cancer registry database.

Staging: The process of finding out whether cancer has spread and, if so, how far.

Standardization: A process of developing and implementing technical standards.

Standards: A level of quality or attainment. Something used as a measure for comparative evaluations.

Standards for Oncology Registry Entry (STORE): The STORE manual provides definitions and detailed instructions for coding patient diagnosis, treatment, and outcomes. The manual also describes the types of cases that must be abstracted and followed and explains the relationships among the data items.

Surveillance: The ongoing collection of information about a disease.

Surveillance, Epidemiology and End Results (SEER) Program: A program of the National Cancer Institute (NCI) that collects cancer data from designated population-based cancer registries in various areas of the country.

Survival rates: The percentage of people still alive within a certain period of time after diagnosis or treatment. For cancer, a five-year survival rate is often given.

Tumor burden: Refers to the number of cancer cells, the size of a tumor, or the amount of cancer in the body.

Uncertain behavior neoplasms: Certain histologically well-defined neoplasms of which the subsequent behavior cannot be predicted from the present appearance.

Ultrasound: A set of sound waves at a particular frequency that can be used to image internal organs.



# EVALUATION FORM

Course: Introduction to the Cancer Registry

Which presentations did you view?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> All               | <input type="checkbox"/> Case Finding        | <input type="checkbox"/> Cancer Committee   |
| <input type="checkbox"/> Cancer Registries | <input type="checkbox"/> Patient Follow-Up   | <input type="checkbox"/> Cancer Conference  |
| <input type="checkbox"/> Abstracting       | <input type="checkbox"/> Data Submission     | <input type="checkbox"/> Quality            |
| <input type="checkbox"/> Coding            | <input type="checkbox"/> Confidentiality and | <input type="checkbox"/> Become a Certified |
| <input type="checkbox"/> Cancer Staging    | Release of Information                       | Tumor Registrar                             |

*Please rate the following:*

Overall, how satisfied were you with this product?

- Verysatisfied    Satisfied    Neutral    Unsatisfied    Very unsatisfied

Ease of use:

- Excellent    Good    Average    Poor

Quality of the presentations:

- Excellent    Good    Average    Poor

Quality of the resources:

- Excellent    Good    Average    Poor

Quality of the audio visuals:

- Excellent    Good    Average    Poor

Did the product successfully explain the cancer registrar career to HIM students?

- Definitely    Probably    Notsure    Probablynot    Definitely not

Will you use this product in the future?

- Definitely    Probably    Notsure    Probablynot    Definitely not

Would you recommend this product to colleagues?

- Definitely    Probably    Notsure    Probablynot    Definitelynot

What aspect(s) of the product were you most satisfied with?

What aspect(s) of the product were you most dissatisfied with?

Comments or suggestions:

Please send this form to NCRA Education Foundation, 1330 Braddock Place, Suite 520, Alexandria, VA 22314; fax: (703) 299-6620; or [foundation@ncra-usa.org](mailto:foundation@ncra-usa.org).

We truly appreciate your opinion and comments! Thank you.