

OCCR Quarterly

UPCOMING EDUCATION OPPORTUNITIES

By Susan Nagelhout, CTR

There are many changes related to the abstraction of 2018 cancer cases. Fortunately, there will be opportunities for education relating to these changes in the upcoming months.

The North American Association of Central Cancer Registries (NAACCR) has developed an education calendar. The calendar can be found on the NAACCR website: <https://www.naacr.org/education-training-calendar/>. The calendar is a comprehensive listing of all education to be presented by the standard setters. The calendar includes webinars and conferences. Most webinars are free and can be watched from your facility computer, but you will need to register for the webinars. You can register for a webinar by clicking on the link associated with the webinar to be viewed. If you miss a live webinar, you can view the recorded session.

NAACCR will present free webinars on the following topics: Solid Tumor Manual, Hematopoietic and Lymphoid Neoplasm Database, Summary Stage 2018, Overview of V18 Metafile, and Site Specific Data Items in Depth.

The Oklahoma Central Cancer Registry (OCCR) will continue to host the monthly NAACCR webinar series. Upcoming webinars include: Thyroid and Adrenal Gland, Hospital Cancer Registry Operations, Multiple Primary and Histology Rules, and Coding Pitfalls.

In addition, the American Joint Committee on Cancer (AJCC) will present free webinars on the following topics: AJCC 8th Edition Webinar: Introductions and Descriptors, AJCC 8th Edition Webinar: Head & Neck Staging, and AJCC 8th Edition Webinar: Breast Staging. You can register for these webinars by using the NAACCR Education calendar, or you can register at the AJCC website at <https://cancerstaging.org/CSE/Registrar/Pages/Eight-Edition-Webinars.aspx>.

We strongly recommend that Oklahoma reporters take the time to participate in these free webinars. They are intended to inform registrars and reporters of the new and revised data items.



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OKLAHOMA'S NEWEST CERTIFIED TUMOR REGISTRARS

By Christina Panicker, MBA, CTR

Sitting for the Certified Tumor Registrar (CTR) exam takes a lot of motivation, determination and confidence in knowing that you can handle the material in front of you. Those four hours take a toll on you; however, if you are able to endure it, you will achieve the rewarding result of the CTR credential following your name.

The first testing round of the CTR exam for 2018 was offered in the spring. Three Oklahomans obtained their CTR credential!

Lisa Martin has worked for Rogers State University in Claremore, OK, for the past 14 years and also works part time for ProRegistry Services. She was born and raised in Claremore, Oklahoma, where she currently resides. Lisa has been married for 39 years to her high school sweetheart and has two married children and five grandchildren. She loves her church family and is an active member. For the past 35 years, she has been an RN and was looking for a career that would allow her to work from home. "My daughter is an RN, OCN (Oncology Certified Nurse) and her passion for oncology was contagious, so I took the AHIMA courses and worked hard to obtain my CTR. Passing the test the first time was a miracle! I am still learning. I work for ProRegistry Services and absolutely love it!"



Lisa Martin, CTR

Cairlyn Combs (*picture unavailable*) also became a CTR. She was born and raised in Oklahoma City and now resides in Edmond. She has been with Mercy Hospital - Oklahoma City for the past two years. Working as a medical transcriptionist for 30 years led her to the cancer registry field. She obtained her Bachelor's at University of Central Oklahoma in General Studies and has a minor in English and Business. To prepare for the CTR exam, Cairlyn worked with the SEER Educate quizzes. In her spare time, she enjoys church, the outdoors and reading.



Jessica Freeman, CTR

Jessica Freeman, one of OCCR's own, also earned her CTR credential. She was born and raised in Oklahoma City, and currently resides in Bethany. Her job at Oklahoma Breast Care Center (OBCC) led her to the cancer registry field. A medical transcriptionist for seven years, Jessica was trained to report cancer cases for OBCC to the state registry. She attended Santa Barbara City College online and gained her Associates in Cancer Information Management. She believes preparation is the key to tackle the CTR exam. On the job learning, actual case abstraction, and utilizing online testing resources helped her prepare for the exam.

On a personal note, Jessica has four children and one precious granddaughter. Her youngest children are seven year old twins. She enjoys family time outside with her kids, going on walks and enjoying nature. Jessica has a passion for personal growth, both emotionally and spiritually which brings joy and happiness to life. Her favorite mottos are "A negative mind will never give you a positive life" and "What you focus your attention on will always get bigger". "I have found these mottos to be a touchstone when I'm trying to juggle life, family, school and work. Getting my CTR has been one of my goals since 2012 and even though I struggled, persistence and a positive attitude is what pushed me through every time!"

OCCR congratulates Oklahoma's newest CTRs. The amount of discipline, tenacity and strength to pursue this challenge head on can be intimidating but well worth it in the end. The experience gained in cancer registry as a CTR can be fulfilling and rewarding.

ADVISORY COMMITTEE MEMBER SPOTLIGHT



Ruth Oneson, MD, MPH

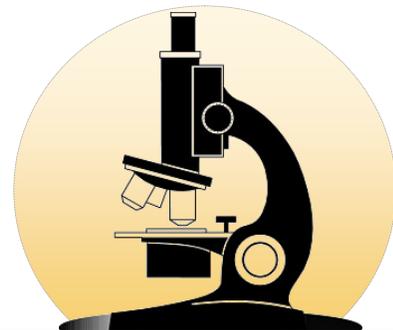
Since 2013, OCCR has held a quarterly Advisory Committee meeting to receive support and guidance from the top medical and public health professionals in the state. These members are an important and appreciated resource for the OCCR, offering their valuable time to assist in improving the usability of data, developing effective partnerships and increasing awareness of registry activities within the different communities across the state. This quarter, OCCR would like to spotlight one of the original OCCR Advisory Committee members, Dr. Ruth Oneson.

Dr. Oneson is one of the founders of Heartland Pathology Consultants, PC and has been practicing pathology in Oklahoma since 1988. She has special interest in Cytopathology particularly of the head and neck and accepts patients who are in need of Ultrasound Guided Fine Needle Aspirations (FNAs) in conjunction with Diagnostic Radiology on a biweekly appointment schedule. Dr. Oneson has been granted the certificate of Added Qualification in Cytopathology by the American Board of Pathology and has completed the rigorous Advanced Practical Pathology Program of Ultrasound-Guided Fine-Needle Aspiration (ap3) course offered by the College of American Pathologists. As she is the procurer of the cytology specimen she can immediately assess the

adequacy of the specimen and provide diagnosis to the patient immediately at the completion of the procedure. By this process the patient is spared multiple punctures on most occasions. With immediate cytologic assessment, triage of the small amount of specimen can be made for additional studies such as flow cytometry and immunohistochemistry in difficult diagnostic situations. Statistically most thyroid nodules are benign and the relief that the patient experiences knowing that they have a benign nodule is priceless. It is well documented that the adequacy rate of thyroid aspirates performed by cytopathologists is much higher than that of other specialities.

Dr. Oneson attended the University of Maryland Medical School and obtained a MPH in Epidemiology and Biostatistics from the Johns Hopkins School of Hygiene and Public Health in Baltimore, MD. She completed a four year anatomic and clinical pathology residency at University of Virginia in Charlottesville, VA. Following this she moved to Washington DC where she did a Cytopathology Surgical Pathology fellowship at the George Washington University Medical Center.

Heartland Pathology Consultants, PC is an independent anatomic pathology laboratory that provides diagnostic interpretations and medical directorships to many other independent facilities across the state of Oklahoma and the Texas panhandle. Delivering efficient, timely and accurate diagnoses to physicians and patients across the state is the goal of Heartland Pathology. Dr. Oneson is committed to this end and has served as President of the Oklahoma State Pathology Society, member of the Oklahoma Central Cancer Registry Advisory Committee, Associate Editor of the OSMA Journal and on the board of the Oklahoma Physicians Association. She has served on medical executive committees, credentialing committees and tissue review committees across the state. Cost effective and convenient access to patient care is the goal of providing Cytopathology immediate evaluation to the patients of Oklahoma.



ROCKY MOUNTAIN CANCER DATA SYSTEM (RMCDS) CORNER

By Christy Dabbs, AA, CTR

2018 REPORTING UPDATE



As of the publishing of this newsletter, there is still no projected release date for RMCDS version 18. Changes for 2018 have yet to be finalized by the national work groups including the edit metafile. Please stay tuned for future communication from OCCR on a release date.

MAINTAINING YOUR PHYSICIAN LISTING IN RMCDS

RMCDS users should be continually updating their physician listing within the software. Physicians move, retire or expire all the time. As you come across this information you should be updating your listing. You do not want to remove physicians from your listing since they are connected to abstracts in your database. If you remove them they will also be removed from the abstracts. Instructions for adding new physicians are given below.

Add a New Physician

The first thing you need to identify is how your physicians are identified in RMCDS; what is the numbering system used for the Physician #. Once you have this information you can begin to add a new physician.

1. From the RMCDS main screen, select Physicians > Update



2. On the Physician Update screen, search for the physician you want to add to make sure they are not already in the list. You can search by last name, ID #, clinic, city, state or NPI #. Once you determine the physician is not in the listing, you need to assign the physician a number. In this example we will use the medical license number as our numbering system.
3. Our new physician is John Smithson, MD. I do not know his medical license number so I will use the **Search NPI Database** link within the physician update box to look it up. When the website opens, click Search NPI Registry in the upper right.
4. Search for your physician by name and state.
5. Select the physician from the list of results by clicking the blue NPI number. Keep this open as you will need this information for step 9 also.
6. The medical license number will be listed in the Taxonomy category. Use the number associated with state of OK and primary taxonomy. Some physicians are licensed in more than one state and/or have more than one taxonomy. Oklahoma medical license numbers are 5 digits. Other practitioners, like an NP may vary.

Taxonomy	Primary Taxonomy	Selected Taxonomy	State	License Number
	Yes	207T00000X - Neurological Surgery	OK	11399

7. In Physician Update, change the radial dial to ID #. Enter the license number in the search box and click search. You should receive a pop up box stating the I.D. Number: XXXXX does not exist. X represents the license number. Click OK.
8. A second pop up box appears asking: Would you like to create this record? Click Yes.
9. Complete the fields using the information found in the NPI registry search you performed in step 3.
10. Click Close to save the information.
11. Look up the physician you just created to make sure it was added to the listing.

For those registries that use your own ID system, use that number in place of the license number in these instructions.

*Note: You must use **ID # Search** to receive the prompt to add a physician. You can search for a physician using any of the other methods to see if they are in the listing but you will not receive a prompt to add the physician.

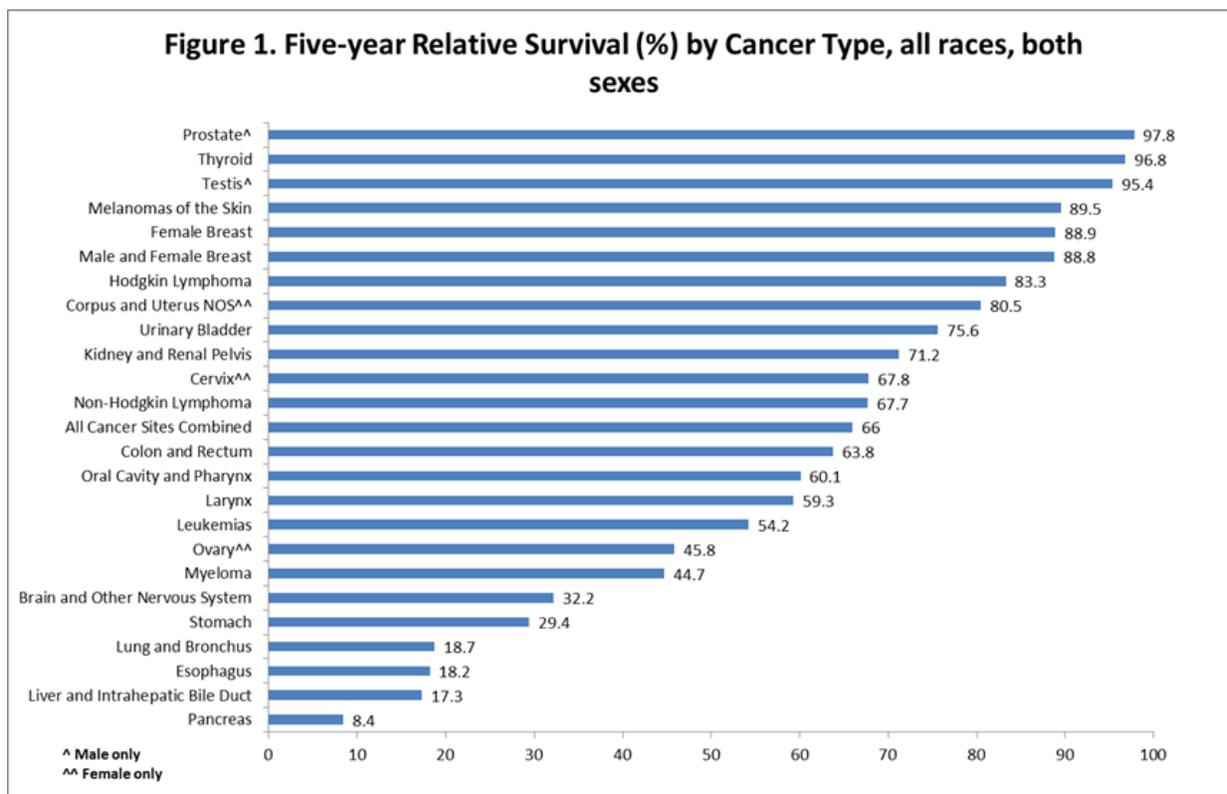
****Reminder: It is highly recommended that you update your RMCDS software AT LEAST monthly to receive updates to the software as well as updates to changing edit metafiles.****

OKLAHOMA CANCER SURVIVORSHIP INITIATIVES

By Raffaella Espinoza, MPH

Cancer survivorship begins at diagnosis and throughout the rest of the cancer patient's life. More cancer patients within the U.S. are surviving cancer; therefore there is an emphasis on enhancing health and quality of life before, during and after cancer treatment. The current aim for Oklahoma and cancer survivorship is to assure that quality of life resources are available throughout the cancer continuum. Survivorship aims to relieve symptoms, side effects, and psychosocial stressors of cancer and its treatment for the patient, family and caregivers. It is essential that cancer patients have comprehensive follow-up care after treatment ends. The survivorship initiatives highlighted in the [Oklahoma Cancer Prevention and Control Plan 2017-2022](#) include: 1. Increase the number of providers who share survivorship focused resources with cancer patients during and after treatment, 2. Increase the number of cancer survivors who reduce their risk for recurrence by quitting tobacco, 3. Maintain a statewide Cancer Resource Directory.¹

Available on the [U.S. Cancer Statistics Data Visualization website](#), 5-year relative survival estimates the percentage of cancer patients who will have not died from their cancer five years after diagnosis. Estimates shown in Figure 1 are based on cases reported by National Program of Cancer Registries (NPCR) from 2001-2013 and follow-up of patients through 2013. Data are compiled from 34 NPCR registries that met the data quality criteria for survival analysis covering approximately 70% of the U.S population.²



For more information see USCS technical notes (http://www.cdc.gov/cancer/npcr/uscs/technical_notes/relative_survival/).

1. Oklahoma Comprehensive Cancer Control Working Group. *It's Our Story to Write. Oklahoma Cancer Prevention and Control Plan 2017-2022*. May 2018. Retrieved from <https://www.ok.gov/health2/documents/State%20Cancer%20Plan%202017-2022%20Updated%20May%202010%202018.pdf>
2. U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999–2014 Incidence and Mortality Web-based Report*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2017

FACILITY SPOTLIGHT

Oklahoma Cancer Specialists and Research Institute

By Leslie Dill

This quarter our facility spotlight shines on Oklahoma Cancer Specialists and Research Institute (OCSRI) in Tulsa, OK. In 2016, St. John Health System and Tulsa Cancer Institute collaborated to form OCSRI, a physician-owned group practice employing more than 20 blood and cancer specialty physicians and 200 nurses and associates. OCSRI offers a full range of services including Clinical Research; Diagnostic Radiology; Gynecologic Oncology; Hematology; Medical Oncology; Mohs Surgery; Radiation Oncology and Cutaneous Oncology. OCSRI is also a certified member of the MD Anderson Cancer Network.

OCSRI's Cancer Registry reported 1,873 cancer cases last year. Their team of three is comprised of Judy Ward-Brown, CT ASCP, CMIAC, CPC, Cindy McCarter, CPC, CHONG and Liz Hyde, RTT, CTR.

Judy Ward-Brown attended the University of Miami-Florida, earning degrees in Medical Technology and Cytopathology. She volunteered as the President of Bahamas Cancer Society for approximately 12 years and was instrumental in setting up a hospital-based registry in her country.

Cindy McCarter has been in medical billing and coding for the last 20 years, 10 of which were with OCSRI. When an opening became available in the cancer registry, Cindy felt it would provide a wonderful learning opportunity for her to advance her knowledge of cancer, treatments and survivorship.

Liz Hyde supervises the team. Attending the University of Oklahoma and Southern Nazarene University, Liz graduated with an MBA, MS-Psychology and BS-RT. Liz has always wanted to work in the medical field and has been doing so for over 25 years.

The OCCR appreciates OCSRI's Cancer Registry team for their hard work and contribution to the OCCR's collection of cases.



Left to right: Liz Hyde, Judy Ward-Brown, Cindy McCarty.

CASEFINDING LIST FOR 2018

By Susan Nagelhout, CTR

The casefinding list for 2018 can be found on the SEER website at <https://seer.cancer.gov/tools/casefinding/case2018-icd10cm.html>. All Oklahoma reporters who use a casefinding list to identify reportable tumors should review your current casefinding list and make adjustments where appropriate.

Changes to the casefinding list for 2018 include the following new ICD-10-CM codes:

- C96.20 – Malignant mast cell neoplasm, unspecified
- C96.21 – Aggressive systemic mastocytosis
- C96.22 – Mast cell sarcoma
- C96.29 – Other malignant cell neoplasm
- C47.02 – Systemic mastocytosis

OCCR **does not** require the use of the supplemental list for casefinding.



DEATH CLEARANCE PROCESS HAS BEGUN

By Jessica Freeman, CTR

Each year the OCCR links incidence data with OK state death certificates for the purpose of identifying potential missed incidence cases - a process called "death clearance". Any death with a reportable cancer mentioned as a cause of death that is not found in the registry database must be investigated via follow-back procedures. To identify possible follow-back sources, the OCCR utilizes the facility name recorded as place of death on the death certificate as well as linkages with hospital discharge data.

In the coming weeks a death clearance list will be sent to your facility for reconciliation. The list will include any case where your facility was identified via hospital discharge data or documented on the death certificate as the place of death. If the case is determined to be non-reportable, you will need to provide information from your medical record to assist the OCCR with reconciling the case. This includes an estimated date of diagnosis as well as any information on another facility or physician that may have diagnosed or treated the patient. If the case is determined to be reportable, you will need to submit an abstract as quickly as possible to the OCCR. Please understand that as we receive information from other facilities, additional requests may be sent to you.

The death clearance process is required by NAACCR and NPCR as a measure of completeness and accuracy. The OCCR appreciates your assistance in completion of this very important process!

Please direct any questions regarding this process to Jessica Freeman at JessicaF@health.ok.gov or call (405) 271-9444 ext. 55720.

SAVE THE DATE

The Oklahoma Cancer Registrars Association (OCRA) will host the 2018 Fall Educational Conference October 25-26, 2018, at the INTEGRIS Cancer Institute of Oklahoma in Oklahoma City. One full day of the conference will be dedicated to speaker Louanne Curran, an associate with April Fritz and Associates, on the topic of AJCC 8th Edition.

For hotel details, visit the OCRA homepage at <http://ocra-ok.org/>.

CANCER REPORTING COMPLIANCE

By Susan Nagelhout, CTR

The Oklahoma Administrative Code 310:567-3.3 requires that all hospitals, clinics, laboratories, pathologists, physicians or dentists, or all facilities providing diagnostic or treatment services in relation to cancer disease or precancerous conditions, shall report all cancer within 180 days of diagnosis.

This is an important directive for the collection of complete and accurate data by the OCCR. Behind the scenes, OCCR staff consolidate cases, combine duplicate cases, review multiple sequences, and clear edits. With over 20,000 cancer cases submitted annually, the process to 'clean up' the data is time-consuming. Each year in late November, OCCR submits data to the Centers for Disease Control and Prevention (CDC-NPCR) and NAACCR. In November 2018, OCCR will submit data from all years, 1997 to the most current complete year (2016). This data is assessed for completeness and accuracy. In addition, OCCR will submit preliminary 2017 data to CDC-NPCR in January 2019.

It is important that each facility reporting **more than 25 cancer cases per year** adhere to the OCCR submission schedule.

Cases Diagnosed In/ Date of 1 st Contact In:	Should be Reporting to OCCR the following:
January	July
February	August
March	September
April	October
May	November
June	December
July	January
August	February
September	March
October	April
November	May
December	June

Facilities that report **less than 25 cases per year** may submit cases according to the following submission schedule.

Cases Diagnosed In/ Date of 1 st Contact In:	Should be Reporting to OCCR the following:
January	September
February	
March	
April	December
May	
June	
July	March
August	
September	
October	June
November	
December	

The OCCR appreciates all the diligent work that goes into collecting and reporting cancer cases. The OCCR's achievement of earning a gold certification from NAACCR for data completeness and quality could not be attained without dedication and cooperation from Oklahoma reporters.

DATE FIRST COURSE TREATMENT

By Susan Nagelhout, CTR

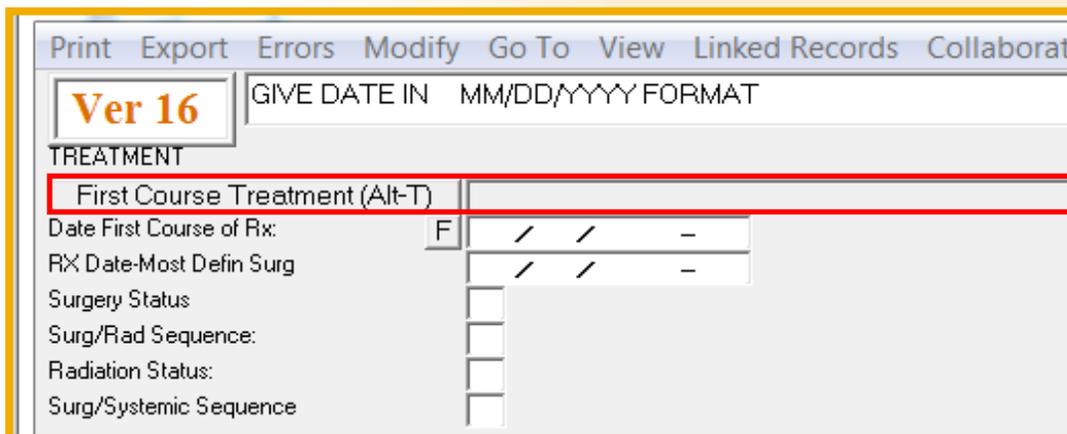
Date First Course Treatment is defined as the date on which treatment (surgery, radiation, systemic, or other therapy) of the patient began at any facility. The date is important as it is used to measure the delay between diagnosis and the onset of treatment. The date is also used as a starting point for survival statistics.

The OCCR requires data item Date First Course Treatment to be recorded. Partial dates can be recorded if the full date is unknown. **Example:** *Date treatment started is April 2017 but exact day is unknown; record 04/99/2017.*

Instructions for recording Date First Course Treatment:

- Record the date of patient's first treatment, i.e., surgery, radiation, systemic or other therapy.
- If active surveillance or watching waiting is selected as first course of treatment, record the date the decision is made.
- Record the date decision is made when the physician decides not to treat the patient.
- Record the date decision is made when patient or patient's family refuse treatment.
- Record the date of death if patient expires prior to start of treatment.
- Leave date blank if treatment is recommended and it is unknown if patient received treatment. (Code Date First Course Treatment Flag 10)
- Leave date blank if active surveillance was chosen and the date is completely unknown. (Code Date First Course Treatment Flag 12)
- Leave date blank if decision not to treat is made and the date is completely unknown. (Code Date First Course Treatment Flag 12)
- Leave date blank if patient or patient's family refused treatment and the date of refusal is completely unknown. (Code Date First Course Treatment Flag 12)

For RMCDs users, the Date First Course Treatment can be found on screen 9:



TREATMENT	
First Course Treatment (Alt-T)	
Date First Course of Rx:	F / / -
RX Date-Most Defin Surg	/ / -
Surgery Status	<input type="checkbox"/>
Surg/Rad Sequence:	
Radiation Status:	
Surg/Systemic Sequence	

Note: It is important to document in the text the reason a patient did not receive treatment.

SUMMER SKIN PROTECTION & AWARENESS

By Kaela Howell, RHIA

May, July and August all have dedicated awareness to the familiar side effect of summer, sun damage. These months emphasize the height of outdoor activity season and stress the importance of preventing one of the most common and preventable forms of cancer. Basal and Squamous cell carcinoma of the skin is not collected for most skin sites by the OCCR; however they are the most common skin cancer and strongly related to ultraviolet (UV) ray exposure. Melanoma is a reportable cancer and a cause for more concern due to its invasive nature. According to the Cancer Statistics Center at the American Cancer Society (ACS), the national estimate for new invasive melanoma cases for this year will be 91,270 and an estimated death number of 9,320. For the state of Oklahoma, ACS predicts 860 new cases of invasive melanoma will be diagnosed and 120 deaths. Trends in incidence rates from 1975 - 2014 show melanoma numbers have continued to steadily increase over the decades.

To help combat the intense ultraviolet (UV) rays this Oklahoma summer, keep these tips in mind:

- ◆ Consider the time of day during your exposure. Potential for sunburn is strongest between 10 am and 4 pm.
- ◆ Choose clothing that doesn't leave your skin exposed such as long sleeves or a hat.
- ◆ Select a broad spectrum sunscreen with a high SPF, make sure it isn't expired and remember to reapply. High SPF sunscreen does not give one the ability use less sun screen, apply it less often or stay in the sun longer.
- ◆ Wear eye protection which meets ANSI UV requirements of blocking 99% of rays to prevent increased chances of developing eye diseases, such as ocular melanoma.
- ◆ Be aware of surroundings which can serve to reflect UV rays and increase exposure. These surfaces can present in forms such as water, pavement, grass or even some types of clouds on an overcast day.



Despite following every precaution, some individuals can still develop skin cancer. Be conscious of anything suspicious that appears on your skin and, when in question, don't hesitate to have it checked by a physician. Skin cancer is highly treatable when caught early.

For further information, the American Cancer Society has a great deal of material on skin cancer and prevention.

<https://www.cancer.org/cancer/skin-cancer/prevention-and-early-detection.html>

JUNE	JULY	AUG
National Cancer Survivor Month	UV Safety Month	Summer Sun Safety Month
National Men's Health & Cancer Awareness Month	Sarcoma Awareness Month	

A PERSONAL PERSPECTIVE ON PREPARING FOR THE CTR EXAM

By Jessica Freeman, CTR

Preparing for the CTR exam can be overwhelming so it is important to know what you will need during the actual test as well as how to best prepare. I recently passed the exam and would like to share what I found to be the most beneficial to my success.

The National Cancer Registrars Association's Council on Certification provides a [Candidate Handbook](#) which includes information on how to schedule your exam, what to expect at the testing site, and a list of suggested [Resources](#) for taking the exam.

There are multiple study resources available for those preparing for the CTR exam, but I believe that the CTR exam prep questions on SEER*Educate were key to my success. The multiple choice tests in the CTR Prep section are challenging but teach you the required skills and provide the information necessary to pass the exam. Each section has 10-20 exams within it and each of those tests can be anywhere from 5-20 questions. Covering all of the sections will require a huge time commitment so start early! Even if you don't have a lot of knowledge about the content, take the test, study the rationales and then take them again. I did this over and over until I made above 90% on most of them. This is the link to the [SEER*Educate website](#). You will need to create an account to access the prep questions, but it's FREE!

Another valuable resource for me was an online study group for those preparing for the CTR exam. The [CTR Study Group](#) is a closed group which requires a Facebook account to join. Currently there are over 155 members who share their questions, knowledge and experience with one another. I found the support of this group to be invaluable for actual exam preparation as well as emotional support and LOTS of encouragement.

The test is timed and goes by quickly so setting up your manuals and printed materials for quick reference is crucial. There are [five references/manuals](#) required for the open-book portion of the exam. Some manuals you will have in hard copy, but there are a few reference materials that you will have to print out and put in a binder. You are allowed to write notes in the manuals you bring; however, do NOT include any loose paper or sticky notes. Having an organized binder with your printed materials and marking the sections in your manuals efficiently are HUGE time savers! If you would like more specifics on how I arranged and organized my manuals please email me at JessicaF@health.ok.gov.



DID YOU KNOW?

According to the National Cancer Registrars Association (NCRA):

- 2018 marks the 35th Anniversary of the Certified Tumor Registrar (CTR®) credential.
- The first CTR exam was offered March 12, 1983. Six hundred twenty-one candidates participated.
- The early exams were paper and pencil and testing locations were limited. A computer-based exam is now offered in almost 300 proctored testing centers throughout the United States.
- More than 7,000 individuals have attained the CTR credential.
- More than 5,200 are currently maintaining the CTR credential.

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NAACCR WEBINAR CALENDAR

By Leslie Dill

The OCCR has purchased the NAACCR Cancer Registry and Surveillance Webinar Series and will be providing these monthly webinars at no cost in two convenient locations, Oklahoma City and Tulsa. Please note the change in locations of the webinars. INTEGRIS Cancer Institute of Oklahoma will host the webinars in Oklahoma City, and St. John Medical Center will host in Tulsa. Seating is limited, so contact Susan at SusanN@health.ok.gov if you are interested in attending. The webinar handouts will be provided upon registration.

- 6/7/18 Collecting Cancer Data: Thyroid and Adrenal Gland
- 7/12/18 Hospital Cancer Registry Operations – Topic TBD
- 8/2/18 Multiple Primary and Histology Rules
- 9/6/18 Coding Pitfalls



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