



The Only Newsletter Dedicated to the Cancer Registrar's Professional Development and Continuing Education Needs!

***** SPECIAL HOLIDAY EDITION *****

Big Announcement



In 2011 we will begin offering FREE webinars to cancer registrars nationwide! During these fun, information-packed sessions, you will have opportunities for networking, mentoring and talking with your peers about the challenges you face every day. These mentoring webinars will be unlike anything else you've ever experienced and you won't want to miss them! Stay tuned – more info coming in January!

Why I Chose Oligodendroglioma For This Month's CE Course

Every year about this time in December I take a few moments to remember my friend, Doug. He was a pilot for Hawaiian Airlines and in his early thirties when diagnosed with an oligodendroglioma. Doug was divorced by this time and had a young son who lived with Doug's parents in the Pacific Northwest while he piloted for Hawaiian Airlines out of SeaTac International. He was big, "teddy-bear" kind of a guy with a huge smile on his face and he just

had a natural way with people. I was a clinical trials coordinator for the Radiation Therapy Oncology Group (RTOG) clinical trials held at the hospital where Doug was being treated per an RTOG protocol. He was randomized to the surgery + radiosurgery arm of the study and he



launched himself headlong into learning everything he could about his disease. He was constantly telling himself (and anyone who would listen) about how he would fly for the airlines again, and he just about made it. The protocol required monthly visits and a full battery of clinical, neurologic and psychologic tests for an established period of time. Doug first

came to my office just prior to the first psychological test, fuming! He stated in no uncertain terms that he would NOT be taking the test either that day, or any day! I invited him to sit down and when he had calmed down he told me his story. He was refusing the psychological tests because he said “nothing was wrong” with him and a negative evaluation could keep from returning to work.

To prove his neurologic function he asked me for a dollar bill. Somewhat confused I produced the money for him and he proceeded to create a swan, similar to the one in this picture, through a series of complex, fine motor skills and paper folding techniques. It was beautiful and needless to say, I was impressed! After a series of phone calls to the neurologist, psychologist and our health information department I was able to assure Doug that his psychological records would never be released or shared as they were protected under the terms of his clinical trial. In fact, these records were never placed in the patient’s medical record chart in accordance with the national study guidelines and patient’s informed consent. Doug relented, spent the three hours with the psychologist and returned with a huge smile on his face. He had not only ace’d his interview but had made a new friend as well. No surprise there!

For the next year, Doug stopped by to visit at each visit. Each time he demanded another dollar bill and each time he created a new masterpiece. The swan escorted a family of baby swans around the corner of my desk. An elephant graced the top of my telephone and he hung other objects (usually animals) from my desk lamp using fishing line and tape. I looked forward to his visits and wonderful conversations we had about his parents, his son, his love of flying, and his dream of returning to work.



As it turns out, about 18 months later Doug began to have grand mal seizures and told that his disease had progressed and was now inoperable. He began bringing his mother and his son with him for his follow-up visits and subsequent radiation therapy treatments. He forfeited his driver’s license and lost sight in his right eye. He developed a tremor and began to lose weight. But one thing that never changed was his sunny disposition, his gregarious outlook on life and greeting me with those wonderful, big bear hugs!



Doug passed away the week after Thanksgiving. He waited until his son returned to school because he didn't want him to watch him in his final minutes and have that as his last memory. He did, however, leave a wonderful legacy and example of how a man can live a life of integrity and aspiration. About a year later, when I changed jobs, I finally took the origami figures off my desk. They followed me for many years and now some of them are pressed into the pages of a memory book. I still smile when I look at the swan family and think of Doug.

So, you see, the topic for this month's continuing education course had special meaning for me. Now, I don't want you to get all "weirded out" about my story, or feel badly in any way. Doug would have hated that and that is NOT why I produced this month's course.

Rather, what I hope you will do is study the course, learn from it and take advantage of the opportunity to invest in yourself as a cancer registry professional. Take new knowledge back to your work and never forget the passion you have for your work and what it means to you. You see, the work we do has a direct and often dramatic impact on the patients we serve, including our co-workers, family and friends. Instead of hoping or wishing for the day to go by quickly or, heaven forbid, taking shortcuts in your data collection because you don't have the knowledge or patience to do something right, please refresh your commitment to this noble work and vow to be the best you can be!

During this holiday season I wish you, your co-workers, family and friends a very blessed and memorable Holiday!

Michele

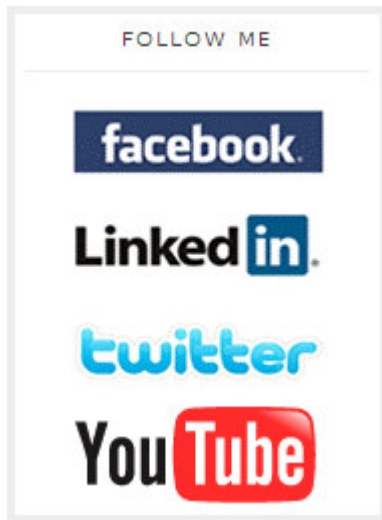


*Would you like a
FREE raffle gift
for your cancer registry
conference?*

*Email us at:
support@RegistryMindset.com and
we'll show you how to get a free raffle
gift valuing over \$50.*

Find Us On Social Media!

Look for “Cancer Registrar”
and sign up to follow us or
be our fan!



Blog Posts

<http://RegistryMindset.com/blog/>

We have published an exciting series on our blog on developing agility for the cancer registrar. Simply put, this means adjusting and accommodating the changes we are experiencing on a daily basis. You can read the entire series by going to the URL above, titled:

Agility Training for Cancer Registrars

October 28, 2010

Agility Training for Registrars (The Video)

October 30, 2010

Visualizing Success

November 9, 2010

Challenge Your Assumptions

November 21, 2010

Embrace Uncertainty

November 30, 2010

Embracing Uncertainty (The Video)

November 30, 2010

Getting Uncomfortable with Change

December 8, 2010

There's still more to come ...
Leave a comment and tell us how we're doing
after you read each post!
Looking forward to seeing you on the blog!





YOU WILL WANT TO GET THIS ARTICLE!

When you login to take your CE course this month, don't forget to go to the "References and Resources" section to download your copy of this informative article. It is packed FULL of great descriptions of the different CNS tumors including the new histologies that were added in 2007. Table 1 contains a list of each primary / histology site as well as the WHO morphology codes – an excellent reference for your own library!



"The 2007 WHO Classification of Tumours of the Central Nervous System"

David N. Louis • Hiroko Ohgaki • Otmar D. Wiestler • Webster K. Cavenee • Peter C. Burger • Anne Jouvett • Bernd W. Scheithauer • Paul Kleihues

"The fourth edition of the World Health Organization (WHO) classification of tumours of the central nervous system, published in 2007, lists several new entities, including angiocentric glioma, papillary glioneuronal tumour, rosette-forming glioneuronal tumour of the fourth ventricle, papillary tumour of the pineal region, pituicytoma and spindle cell oncocytoma of the adenohypophysis. Histological variants were added if there was evidence of a different age distribution, location, genetic profile or clinical behaviour; these included pilomyxoid astrocytoma, anaplastic medulloblastoma and medulloblastoma with extensive nodularity. The WHO grading scheme and the sections on genetic profiles were updated and the rhabdoid tumour predisposition syndrome was added to the list of familial tumour syndromes typically involving the nervous system. As in the previous, 2000 edition of the WHO Blue Book, the classification is accompanied by a concise commentary on clinico-pathological characteristics of each tumour type. The 2007 WHO classification is based on the consensus of an international Working Group of 25 pathologists and geneticists, as well as contributions from more than 70 international experts overall, and is presented as the standard for the definition of brain tumours to the clinical oncology and cancer research communities world-wide." **Acta Neuropathol (2007) 114:97109**



How to get this article: navigate to www.RegistryMindset.com. From the left hand side of the screen click on the button "Take Your CE Course." Login to the educational portal using your assigned username and password, access the course "Oligodendroglioma" and under Additional Reading and Resources. Voila!

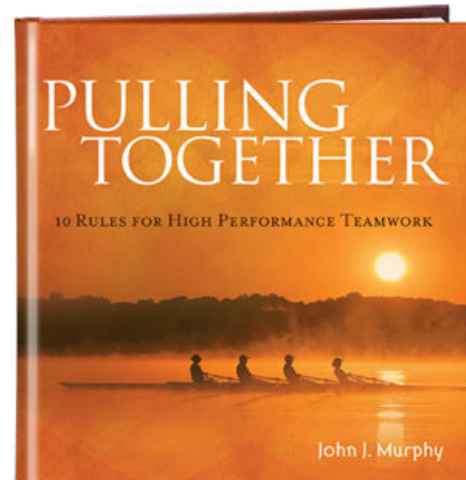
Pulling Together

by John J. Murphy

Rule #9

Promote Interdependent Thinking

High performance teamwork is not a dependent process where people abandon the “me” and cling to the team for identity and support. Nor is it an independent process where the “me” comes first. High performance teamwork is an interdependent process where team members rise to a level of sharing, accepting, giving and going beyond oneself. This means showing up on time, paying attention, asking for and providing help, offering encouragement and support, valuing diversity and viewing one another as important to the team.



Each day we are challenged to do whatever we do better, faster, cheaper and with more ease. And, in many cases, we are challenged to innovate and transform, to completely shift paradigms and replace the “old way” with something entirely new. It is through high performance teamwork, and mindful, interdependent thinking, that we raise the bar and set new standards. It is also through synergistic decision-making that we close the “gaps” that exist in organizations with stagnant, isolated, defensive, independent thinking.

The emphasis today is on seamlessly providing value to customers through value streams. For many organizations, this means reengineering slow, vertical, hierarchies into fast, horizontal, multi-skilled units, giving team ownership and accountability for processes from start to finish. For team members, this often means cross-training to learn multiple skills, not just a single, functional skill. Consider the game of basketball, a very fast, dynamic work environment. Notice that all of the players can perform all of the skills, allowing them to cover for one another quickly and spontaneously. Anything less would be costly. Indeed, each player has a position with an assignment, but it is not so rigid that we observe players “pointing fingers” or claiming “it’s not my job.” Thinking interdependently means shifting from “what’s in it for me?” to “what’s in it for we?” Want to be empowered in this day and age? Think interdependently. Begin by enabling and empowering yourself. Think outside your own self-limiting box to expand your knowledge.

You can order this book and other inspirational materials at:

<http://www.SimpleTruths.com>

<http://RegistryMindset.com>

Copyright 2010, Michele Webb. All Rights Reserved
Member Newsletter, December 2010

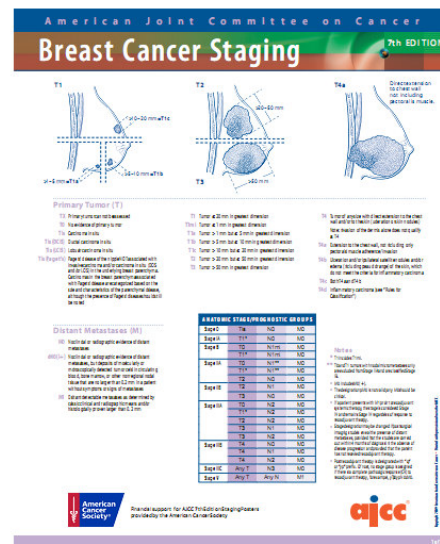


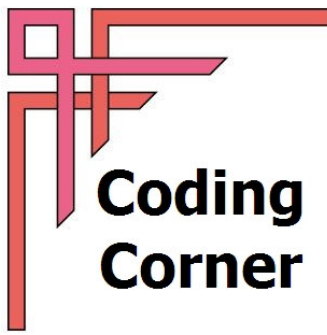
Gadget Corner

The American Joint Committee on Cancer (AJCC) has developed a number of cancer staging tools for physicians and registrars. Here are the tools we found particularly helpful:

- **Staging Moments:** a facility-level educational series for use in department or cancer conference meetings.
- **Cancer Staging Poster Series:** based on the AJCC Manual, 7th edition, the posters (see sample below and to the right) include the TNM classification, stage, grouping and anatomic drawings for seven cancer sites. Ideal for display in your pathology office, chart completion areas, physician offices, cancer registry departments or to take to cancer conference. PDF available for free download.
- **Summary of Changes:** these documents illustrate the changes contained in the latest edition of the Staging manual. They take the place of the Comparison Guide that was published for previous versions. See sample below and to the left. PDF available for free download.
- **Staging Desk Reference:** this reference serves as a tool to be used when abstracting cancer cases. It is a reliable, quick reference for coding information. It is in booklet format and includes the general staging rules, an extensive cross-reference of ICD-O codes, AJCC chapters, and Collaborative Stage (CSv2) schemas and more.
- **The AJCC e-Staging Tool:** facilitates cancer registry staff and physician communication at any point during the staging work-up. Contains easy-to-use staging calculators and electronic staging forms for inclusion in the patient's clinical record and retrospective staging as needed.

Website: <http://www.CancerStaging.org>





Want to have some fun?

We have selected some items from the 2010 Multiple Primary and Histology Coding rules to test your knowledge. You can use this by yourself or feel free to share it with your co-workers or fellow registrars. *(Answers can be found at the back of the newsletter).*

1. In 2010, the format for transmitting the Date of Conclusive Terminology changed. Which of the following is the correct new format for January 1, 2010 and forward?
 - a. DDMMYY
 - b. DDMMYYYY
 - c. DMY Y
 - d. YYYYMMDD
 - e. YYMD

2. Include foci in the multiplicity counter when there is a tumor or tumors with separate measured single or multiple foci.
 - a. True
 - b. False

3. A *conclusive* diagnosis is one that is made within 30 days of the original diagnosis. The case was accessioned based on conclusive terminology and includes all diagnostic methods such as clinical diagnosis, cytology, pathology, etc.
 - a. True
 - b. False

4. The mesencephalon is the region of the brainstem located just above the _____.
 - a. Pituitary gland
 - b. Pons
 - c. Spinal cord
 - d. Acoustic nerve

5. Which part of the human brain is located in the lowest section of the brainstem?
 - a. Posterior fossa
 - b. Corpus callosum
 - c. Medulla oblongata
 - d. Cerebellum
 - e. Pons

Michele Webb, CTR

America's Cancer Registry Coach for Job Seekers
 Educator and Trainer in Continuing Education for Cancer Registrars
 Educator & Host of CTR Exam Study Group Program
 Motivational Speaker ~ Workshop Leader ~ Consultant

Website: <http://MicheleWebb.com>

Sign Up Today
<http://CTRExamStudyGroup.com>

**Revolutionary
 Sophisticated
 Cutting Edge**

Learn to Study
 "Smarter, Not Harder"

**CTR Exam Study
 Group Program**

Continuing
 Education
 for
 Cancer
 Registrars

**Registry
 Mindset**

Website: <http://RegistryMindset.com>

Follow Michele (*screen name cancerregistrar*) on these social media sites:



Other Articles You Need For Your Reference Library Include ... Get These Inside Your CE Course

“Molecular Subtypes of Anaplastic Oligodendroglioma: Implications for Patient Management at Diagnosis”

Prognostic Factors are critically important for determining the best treatment for patients with oligodendrogliomas. This article provides a clear analysis of the molecular subtypes and their interaction with this type of brain tumor and the expected outcomes.



“Oligodendroglioma and Its Variants: Radiologic-Pathologic Correlation”

Just as the title suggests, this article gives the reader an overview of the clinical diagnosis and course of disease based on its radiographic and histopathologic features.

CAP Protocol: Brain and CNS

No cancer registrar should be without this article for their reference and resource library. Not only does it provide an outline on the standard of care for CNS tumors, it also contains information on the diagnosis, treatment and molecular factors involved.

And There's More ...

**Login to Your CE Course to Find More Brain Tumor
Materials and Resources!**

"People become really quite remarkable when they start thinking that they can do things. When they believe in themselves they have the first secret of success."

~ Norman Vincent Peale

Answers to the December Coding Corner:

1. (d) YYYYMMDD
2. (a) True
3. (b) False
4. (b) Pons
5. (c) Medulla oblongata



Are We? How Can You Contact Us?

RegistryMindset.com is privately owned and operated by Michele Webb, CTR who has over 25 years experience in oncology healthcare. Her background includes formal education in: cancer information management, clinical trials and education. Currently she resides in Mission Viejo, CA and works as a cancer registry consultant, career coach, motivational speaker, author and educator. You can reach her by email at: support@RegistryMindset.com or navigate to the website, click on “Contact Us” and fill out the webmail form.

Our Websites

<http://RegistryMindset.com>
<http://CancerRegistryTraining.com>
<http://CTRExamPrep.com>
<http://CancerRegistrar.com> (coming in early 2011)
<http://MicheleWebb.com>



*Best wishes to each of you for a blessed and
happy Holiday Season!*

*Michele Webb, CTR
Registry Mindset*