

Florida Cancer Registrars Association

... furthering cancer care and research ...



FCRA EXECUTIVE COMMITTEE 2011-2012 ELECTED OFFICERS President Dinah Merrill, CTR

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> **Presidential Assistant** Barbara DeArmon, BS, CTR

Ways & Means Gloria Underhill, CTR



Not all registrars are created equal. Some have a hard time talking with the physicians, some only want to do abstracting, some feel they are overworked and underpaid, some cannot stand the stress of deadlines and some love the delve into every detail of a patient's cancer care. What kind of registrar are you? I have just reread Sidney Poitier's book "The Measure of a Man", and in there he talks about things like a person's integrity and their value system. My son, when he was very young, would never hand in his homework. He would do it and then lose it either in his back-pack

or under his bed or who knows where? And excuses, he had learned them all! So we had a saying for him, "Winners win! Losers find excuses!" which to this day makes him smile. When you are faced with a difficulty in your registry do you look for an excuse or someone to blame or do you look on this as an opportunity for improvement. What is your measure or value system? We certainly had lots of opportunities for improvement with all the changes that 2010 brought to our registries and we will again be faced with a set of new standards in 2012. How you handle these opportunities for improvement will show in the quality of your data and in the Hospital Administration's view of your department.

<u>MESSAGE FROM THE PRESIDENT</u> Dinah Merrill, CTR Dinah.Merrill@baycare.org

In 2012 there will be a total of 34 standards with several new standards focused on patient-centered care and quality and outcomes. The new patient-centered standards address things like genetic assessment and counseling, palliative care services, patient navigation, psychosocial services, distress screening, and survivorship cancer plans. Each registrar has the same 24 hours each day to improve the quality of his/her registry. Each abstract has a face of a patient that we will never see, but his or her data may hold the key to better care for the cancer patient. With the 2010 changes we were given the task of collecting data for prognostic factors such as K-RAS, loss of heterozygosity – LOH, EGFR, microsatellite instability, HPV, circulating tumor cells, and disseminating tumor cells, to name just a few. Did you look at this as just another task or did you look at this as new and interesting things to learn? Did you find out what is the physician looking for with this test (or others) that will lead to better patient care? Believe it or not, your data does make a difference in the treatment and standard of care expected for the cancer patient.

As your new President for the 2011-2012 year, I would like to challenge each of you to reflect upon the kind of registrar you want others to see you as and make every effort to be the very best registrar you can be. Take a little time each week to open up a new idea or subject within your registry. If you have a team, make it a team effort in picking your learning theme or opportunity for improvement each week. My wish for each of you this coming year is to find solutions within your registries to make each registry of the highest quality and with the best patient-centered care you can have.



By Sally Kruse, CTR President-Elect sallyctr@yahoo.com



Sally Kruse presents award to Walter Sanford

It has been several years since FCRA has given the distinguished member award. But this year there is a member that stood out among all of us, **Past President Walter Sanford.** Walter doesn't know how to say "**NO**" and this year held three positions on the FCRA Board as well as serving on the NCRA Program Committee.

- ✓ FCRA Web Master www.fcra.org: Walter revamped the entire web site this year. There is no question on the quality of the FCRA web page, the ease of use and the wealth of information available.
- **FCRA Treasurer:** Walter writes the checks and make sure FCRA is compliant with all of the IRS rules.

✓ <u>FCRA Co-Program Chair:</u> Walter designed the brochure, wrote the majority of the syllabus, personally printed all of the handouts for the meeting and copied the entire 2011 program on flash drives for the attendees.

✓ 2011 NCRA Program Committee State <u>Representative:</u> Florida, as the NCRA host state was provided exhibit space at no charge, but there is a charge for chairs, tables, rugs, etc. Walter in the interest of saving FCRA money loaded up his car with table, chairs and Teddy Bears (Forgot to mention that Walter ordered Teddy Bears to sell at NCRA to raise money for FCRA) and drove to Orlando. He then setup the exhibit space and spent the rest of the conference hawking the bears and <u>raised over \$900</u> <u>for FCRA</u>.

It is with great honor that I presented the FCRA Distinguished Member Award to Walter Sanford. FCRA is fortunate to have him. Walter not only volunteers his time to our Association but he is also the **President of Windsor Place Condominium Association, President of Berkshire Lakes, a member of Presidents' Council, a member of the Board of Directors Cancer Alliance of Naples and the NCH / CAN Liaison.** 



To quote Walter's favorite line - 'THANKS FOR ALL YOU DO!!.



#### <u>FCRA 2011 PROGRAM - INCOME AND EXPENSES</u> Sally Kruse, CTR & Walter Sanford, CTR Program Chairs E-mail: <u>sallyctr@yahoo.com</u> or <u>wsanford.ctr@comcast.net</u>

FCRA 2011 Annual Conference July 26-27, 2011 Renaissance Hotel - Tampa Florida							
				Detail	Income		Expense
				Registration - 85 Attendees	\$ 14,7	80.00	
Vendor Support	\$ 3,5	00.00					
Other Private support	\$ 5	75.00					
Auction	\$ 1,6	48.00					
Supplies / Thumb Drives - Badges		\$	1,060.00				
Misc printing		\$	201.00				
NCRA CEU fee		\$	75.00				
Speaker Expense (Travel, Etc.)		\$	2,200.00				
Speaker Gifts		\$	300.00				
Recognition Plaque		\$	73.00				
Hotel Food - Breaks alone		\$	2,378.00				
Hotel Food - Business Lunch, Auction, Breakfast		\$	13,264.00				
Hotel Misc - AV, Internet		\$	3,257.00				
Tax Exempt Discount		\$	{2,710.00}				
Totals	\$ 20,5	03.00 \$	20,098.00				

# 2011 FCRA PROGRAM EXPENSES AV & Internet Access Program\* 14% Speaker Expent



Name Badges, Flash Drives, Printing, NCRA CEU Fee and Recognition Plaque



## Suntímes - Fall 2011 MENIORS Deborah Schulte, BS, RHIT, CTR Deborah.Schulte@winterhavenhospital.org

"A teacher, coach, wise advisor, friend, counsel, lead, guide, pilot, shepherd and tutor" These are some of the terms we might use to describe someone who has guided us in our lives. I officially became a Floridian; living previously in Iowa, where I worked for the University of Iowa Hospitals & Clinics for over 25 years. I have worked in every possible position within the registry at some time or another. I can specifically remember a period of time working extra shifts in the follow-up position, since our only F/U person was on maternity leave. I would still be there at 1:00am with the old IBM electronic typewriter- hand typing patient's hospital numbers in the letters, then folding and stuffing envelopes. Yep, I'm sure we all can remember similar horror stories.



Along with each 'challenging' position I've had, there is one similarity, I have been fortunate enough to have always had someone who has been there to assist and teach me whatever skills I needed to get the job done. Someone that would listen to my concerns and struggles and then gently guide me, someone who never made judgments or got frustrated over answering the same questions several times in different ways, a person who was only concerned about making sure that I understood and learned. These people helped me grow in my positions and career; these people are mentors and I'm so very fortunate to have been blessed with several in my lifetime.

Coming to Florida from a SEER state with good quality control and a teaching institution that held both an NCI, CoC/ACoS and Breast Health

Accreditation (of which I managed), I felt confident that I would quickly grasp Florida's NPCR and the FCDS requirements. First, I must say to everyone in the state – congratulations and thank you for everything you have done and continue to do for the research in cancer registry! I'm blown away by the complexity of the physician practices, stand alone facilities, labs and multiple office locations, to name a few, along with the excellent quality requirements mandated by FCDS and provided by the registrars of Florida.

Again, I was blessed to have several mentors that actually connected with me upon my arrival to Florida. Pat Bentley was at my office door within the first week of my arrival to Winter Haven Hospital; providing me a bag filled with information from FCDS and FCRA that would assist me in learning about Florida. This, of course, was with a warm and friendly smile, offering me her assistance, skills and knowledge about anything I might need. Pat gave me her home phone, cell phone and address! Wow, how thoughtful.

Bessie Henderson was my next contact, again connecting with me shortly upon my arrival to Florida. Bessie was very generous with her personal time and knowledge; she sat with me and demonstrated how to navigate systems, both IDEA and the many hospital systems. Bessie made sure to introduce me to key people here at the hospital and providing contacts outside of the hospital, making sure I felt comfortable in knowing who to go to for further assistance. Bessie has answered many questions I have had, through e-mail, phone and in person – all on her own time and always with a pleasant, friendly and knowledgeable manner.

When I connected with Helen Lewis, I found yet another mentor. Helen quickly provided answers and direction all with detail in assisting me in putting all the networking connections together for Florida. Helen has been a sounding board with logical thought return, you might say, a great help.

These qualities are what mentors, to me; thoughtfulness, guiding, giving of one's time and knowledge; someone who truly desires the success for others; someone that immediately is a friend. I hope to have been such a person, friend and mentor to others that I have connected with in my career, as these three people have been to me. Thank you, Bessie, Pat and Helen for your unselfishness and desire for my success. As both a new Florida registrar and FCRA board member, I welcome your comments, suggestions and discussion that you wish to share. Mentors

"A lot of people have gone further than they thought they could because someone else thought they could." - Unknown



FCRA BY-LAWS Carol Hutchison, CTR carolhutch2032@yahoo.com



Any FCRA member interested in submitting a proposal for a new bylaw or to update or amend an existing bylaw should submit it in writing with the recommendations and include the appropriate section and page number from the bylaws manual. These changes can be sent to me in an email, in a word document attached to an email, or mail to me before May 1, 2012. The updates of these bylaws will be made available on the FCRA website. Please send any recommendations to our bylaws at:

> Carol Hutchison, CTR 2032 Westchester Way The Villages FL 32162 carolhutch2032@yahoo.com

#### WAYS & MEANS Gloria A. Underhill, LPN, CTR gunderhill@cfl.rr.com



Your new Ways & Means Chairman would like your input on how to raise money for our organization. Would you like items that everyone could use at a reasonable price? Would you like baskets to bid on? Would you like a silent auction? Put your

thinking caps on and call me or send me an email and let me know what you would like to see at the next Annual Meeting. (407) 841-3219 gunderhill@cfl.rr.com

#### MEMBERSHIP CHAIR Deborha Nooft, CTR <u>membership@fcra.org</u>

#### **ATTENTION MEMBERS & COLLEAGUES**

Your membership and support is important! -FCRA Membership renewal is due by the end of October. Avoid those late fees! Please take a moment and renew your membership online at www.fcra.org - Go to the "Member Login" area follow the prompts and renew by check or credit card. If you are not a member or your membership has lapsed please contact the Membership Chair at membership@fcra.org for a prompt and immediate response. Thanks in advance for your help and cooperation.



Dear Friends and Colleagues,

I'd like to thank each and every one of you for your kindness and support. Receiving the "FCRA Distinguished Member Award" at this year's FCRA Annual Conference was so thrilling. I certainly did not expect it and I hope that I can live up to the honor. I do believe this honor should belong to the leadership group at FCRA and not to me alone as we all know there is no I in team and a team is what we are. I wish that all the principals who make FCRA work could be recognized. I am humbled by all this and so appreciative. I again would like to say "Thank You"

Sincerely, Walter



Electronic version available June 1, 2011

## The Cancer Registry CASEbook

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Abstracting Staging



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- Case exercises with answers and rationales
- Written by April Fritz, RHIT CTR, and other leaders in cancer registry training





#### FCRA EDUCATION FOUNDATION ANNUAL REPORT Gayle G. Clutter, CTR, Foundation President <u>gclutter@tampabay.rr.com</u>

The Foundation has had a very busy year with a lot of new activities. The Foundation took on the responsibility of soliciting the vendors for the Annual meeting and \$4,200.00 was received to support the annual meeting from this venue. In all, the Foundation received a total of \$5,967.77 in donations this past year.

Last year The Foundation established a Fundraising Committee to help think of ways to raise money. When learning that The Foundation would be soliciting the vendors for the Annual Meeting, the Fundraising committee proposed that we expand this solicitation to include a wider number of options. This mailing included the brochure on what The Foundation is and in addition to sponsoring a booth at the Annual meeting, added the option to sponsor one or more speakers by providing a speaker and paying all costs associated with that speaker or by making a donation to support any speaker. Sponsors could also support the publication of the program materials. In addition, we established a Named Lectureship whereby a sponsor can make a minimum of three year commitment of \$1,500.00 a year to support and stimulate education, research and related interests with the lectureship named after a pioneer in a field, the president or CEO of an organization, a product, a company or institution, or in memory of an individual.



MedPartner's "Captain Jack" was quite a character at the auction.

MedPartners HIM made a three year commitment to sponsor The James A. Bradley Memorial Scholarship supporting attendance at a NCRA Annual Conference for an FCRA member that may not otherwise have had the funds available to do so. Recipient qualifications include working or employed in the cancer registry profession, being an active member of FCRA, and that the recipient has not attended an NCRA annual conference within the past two years. Applications were distributed by email for persons not able to attend the annual meeting and also collected during the meeting. The winner was selected by MedPartners at the meeting and was awarded to Elizabeth "Eliza" Melendez.

Another big undertaking this year was sponsoring an auction at the Annual Meeting in Tampa. This turned out to donated, and with Sally Kruse as the auctioneer, the auction

be a HUGE success. A total of 61 Items were donated, and with Sally Kruse as the auctioneer, the auction generated \$1,648.00.

Finally, the Foundation would like to target sources other than registrars to solicit for donations. We think that physicians who are interested in the cancer registry might also be interested in supporting the education of registrars. In addition, registrars may have friends or family that would like to make memorial donations for loved ones that have or have had cancer. To support this idea, last year the Foundation printed a brochure with information about the Foundation and how to make donations. Unfortunately, due to mechanical problems at the printer, they arrived AFTER last year's meeting. They were distributed this year at the Foundation booth and attendees were encourage pick some up and distribute them at Cancer Committee meetings or Cancer Conferences and to others that may be interested in making a donation. If you were unable to obtain these brochures at the meeting, you can contact Gayle Clutter, 9764 Lake Seminole Dr. E., Largo, FL 33773 or send a message to gclutter@tampabay.rr.com and they will be mailed to you.

To increase the amount of money the Foundation can generate for the education of registrars, there is a need for additional volunteers. If you think that what the Foundation is doing is important and are interested in helping out, please contact Gayle Clutter as listed above. Together we can help provide even more educational opportunities to support high quality cancer information.





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> Lisa Robinson Aurora Healthcare Milwaukee, WI



"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

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#### WHY DOES IT TAKE SO LONG TO ABSTRACT? Paula Riccio, AA, CTR, CPC parpc@aol.com

Why does it take so long to abstract a case? I looked at my desk and then my computer desk top and I got my answer... Just to abstract one case, I have to consult multiple resources, manuals, and databases. On my desk I have the following printed manuals; The American College of Surgeons, 2011 Facility Oncology Registry Data Standards (FORDS) manual, the International Classification of Diseases for Oncology 3<sup>rd</sup> Edition (ICD-O) for coding the site (topography) and the histology (morphology) of the neoplasm, several editions of the American Joint Commission on Cancer's Cancer Staging Manual (the most recent being 7<sup>th</sup> edition), and the Surveillance, Epidemiology, and End Results SEER Program Coding and Staging Manual 2011for the extent of disease. It does



not stop with the printed resources however, on my computer desk top there is the Hematopoietic Database Version 1.6.2, the ever changing Collaborative Stage Data Collection System Coding Instructions Version 02.03, the Multiple Primary and Histology Coding Rules, links to the National Plan & Provider Enumeration System (NPI Registry), SEER's Rx (the Cancer Registrar's interactive Antineoplastic Drug Database), and of course my most favorite resource of all the Florida Cancer Data System's Data Acquisition Manual 2011 (DAM). Boy what a difference from abstracting in 2002 (4 manuals) and abstracting now in 2011 too many resources to even count! I have only touched the surface of the resources available to registrars today. I could go on to say that if your hospital is an accredited facility you need to follow the Commission on Cancer's Cancer Program Standards 2012: Ensuring Patient-Centered Care v1.0.

So by the time we navigate through the electronic medical record and consult all the numerous resources to abstract the case, it's no wonder we are mentally tired at the end of the work week. Although I am tired, the quality of the data I collect has never been more accurate and complete!

\*\*\*\*\*

#### Walter Sanford, CTR FCRA Web Master wsanford.ctr@oasnaples.com

Check it out –The newly developed "FCRA Calendar of Events" – Accessed directly from the FCRA home page it provides a quick reference and overview of what is ahead. If you would like to add an event just send me a copy of what you would like placed - to wsanford.ctr@oasnaples.com and we'll make it happen. –

Thanks for all you do!

Walter Sanford, CTR FCRA Web Master

#### <u>Abstract Lives - A Cancer Registry Family History, By Gayle</u> <u>Greer Clutter</u>







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#### REBUILDING YOUR SUSPENSE DATABASE Barbara J. Dearmon, BS, CTR Barbara.Dearmon@stvincentshealth.com

Cancer Registries use various sources for casefinding (ascertainment) to identify reportable cancer cases to be abstracted. Some sources may include review of pathology reports, radiation oncology consults, treatment summaries or patient disease index. If you are using the registry software to capture cases into Suspense please review the file layout against the Casefinding List posted on SEER website at <u>http://seer.cancer.gov/registrars/</u>. Casefinding can be very time consuming and should be reviewed annually to look for opportunities to enhance processes. Registries are required to review all inpatient and outpatient cases that meet eligibility criteria for inclusion in database.

When was the last time you communicated with Information Systems to make sure that you are capturing all cases required to be reviewed for reportability? Discuss how you capture data with IS, coders, billing department and laboratory staff before rebuilding your Suspense file layout. When interfacing data into a registry software review patient types, patient status, service codes, ICD-9 Codes and co-morbidity codes to be included in the file layout. Also find out how the file is being generated, find examples from 3-M Coding or from NEUMAN which is a finance database application. Discuss with Information Systems if file is extracted based on ICD-9 code ranges (i.e. 140-20892) or if pulled on each individual ICD-9 code (i.e. 1400).

Our file is created from NEUMAN monthly. When reviewing our file layout with the Information Systems team we found that not all patients were being captured in the file layout or they did not drop into the file until a later date due to the bill not being processed on time. We took this opportunity to rebuild the file layout in EXCEL to include all ICD-9 codes that should be incorporated into the file. Our department worked closely with the computer programmer to rebuild the file layout and utilized the ICD-9 Manual (Volumes 1, 2, & 3) to verify codes. The file will be updated with the implementation of ICD-10 codes. The Registry now has the ability to review the file layout being extracted and add new codes as needed to interface with registry software, which goes directly to auto production.

After rebuilding the file layout extracted from NEUMAN the following data items should be included into the ASCII file layout to interface with registry software:

- Medical Record Number
- Last Name
- First Name
- Middle Initial
- Address
- City
- State
- Zip
- Social Security Number
- Telephone

- Admission Date (Date First Contact)
- Discharge Date
- Birthdate
- Race, Sex, Marital Status
- Service Code
- Discharge Code
- Patient Type
- Co-Morbidity Codes (1- 10) which includes complication codes

You must find time to review casefinding processes to look for discrepancies with data collection. You can eliminate manual review of pathology and radiation oncology reports by getting access to CERNER Pathology Case Retrieval, Pathology Casefinding and MOSAIQ software applications to view information electronically. Or you can incorporate all service types into your ASCII file layout being interfaced with registry software into your suspense database. Make sure you cross reference the file against other applications to verify that all patient types are dropping into the file layout. Once you have reviewed the processes for Casefinding/Ascertainment make sure to document instructions in a policy which should be updated annually. Make the policy simple



#### **REBUILDING YOUR SUSPENSE DATABASE** (Continued from page 11)

and easy to follow, and include purpose, how casefinding is performed (manually or electronically), key departments involved in the procedure, and have the Cancer Committee to review annually.

It is essential to review casefinding procedures to make sure you are capturing all cases especially if your data comparison reveals a decline in numbers compared to previous years. We conducted an audit on 2010 admissions and a total of 702 additional cases were incorporated into the suspense database. The good news is we were able to update follow-up on cases previously abstracted. The majority of the cases were V10 codes with history of cancer only and approximately 10% (67) were missed cases to be abstracted. Conducting an audit at the end of the year helps to identify missed cases. Report a summary of quality measures conducted on casefinding to the Cancer Committee.

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### there's knowledge



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