**Q&A Session for It Worked for Me: In”FUN”matics in the Cancer Registry**

July 13, 2023

|  |  |  |
| --- | --- | --- |
| # | Question | Answer |
|  | Any updates on what the new credential name is going to be? | I understand it will be introduced in late August. |
|  | Are there any helpful sites/people that can help guide a current CTR with 2 yrs. experience towards career growth and development? | I would start with [NCRA](https://www.ncra.org/) for hospital registrars. Central registry staff may try the NAACCR mentorship program.  <https://www.naaccr.org/naaccr-mentorship-program/> |
|  | Kelly, at your facility do you have a lot of user-defined fields for data items related to data requests? For example, pregnancy per current slide. | Yes, we go over our fields once per year to see if any are underutilized and what is new that needs info collected ASAP, we had COVID as a UDF in March of 2020, long before it became a field. |
|  | Kelly, at your facility do you have a lot of user-defined fields for data items related to data requests? For example, pregnancy per current slide. | ICD CODE-10 O00-O9A covers Pregnancy, childbirth, and the puerperium. Per STORE values beginning w/ G-P and others are allowed so it could be collected. |
|  | Kelly, what kind of data do you submit to Cancer Committee? | NCDB tools/resources, annual stats, comparison from hospital to hospital in our network, staging completion |
|  | I thought MRN is PHI? | It was fake on the screen as I pulled the slide from a previous presentation where it was mentioned it was fake. Thank you for your question. |
|  | Which cancer registry software do you think utilizes informatics the best? I feel like some of the software is so behind what we need. | I would always recommend you get a one-hour demo of EACH software if possible. I had all 10 CTR's involved in choosing a new vendor. |
|  | Agree w/ Kelly - often need to verify data even as we see it in EMR (for example, verify medication administration dates per nurse documentation as physicians may be off in their notes) | Thank you for your comment! |

|  |  |  |
| --- | --- | --- |
|  | Do you think in the future that CTR's job scope is going to expand with the new credential change? | Great question and we shall see! |
|  | Forgive me if you mentioned it, but does MD Anderson still use its own developed software, or have you gone commercial? | Yes, we went commercial back in 2016 and currently use Oncolog. I believe all of the cancer registry software out there can do what I was demoing. |
|  | With all the talk about AI - how will this affect how data is collected and analyzed? | CTR's will ALWAYS be a necessary component, if anything AI has elevated our knowledge base, we still are the key to organizing the data flow. Somedays I feel like an air traffic controller and if someone is not paying attention, there could be a bad crash.  I believe it will allow us to keep up with the demands of our data collection and allowing us to take advantage of our skill sets and collaborate with AI. |
|  | Do you have any suggestions of how college graduates in Bioinformatics can get into the field of Cancer Data? | Amy did the presentation with helpful sites to help guide with Informatics specifically. |
|  | This question is for Kelly: how many people staff your follow up group? And is it active or passive follow up? | I have 5 people who do follow up on over 150,000 people. We use a lot of automation. We primarily do passive follow up but also active on about 15 percent of our patients |