

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

July 13, 2023

#	Question	Answer
1.	Any updates on what the new credential name is going to be?	I understand it will be introduced in late August.
2.	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 for hospital registrars. Central registry staff may try the NAACCR mentorship program. https://www.naacccr.org/naaccr-mentorship-program/
3.	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.
4.	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.
5.	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
6.	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.
7.	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.
8.	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!

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9.	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!
10.	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.
11.	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.
12.	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.
13.	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