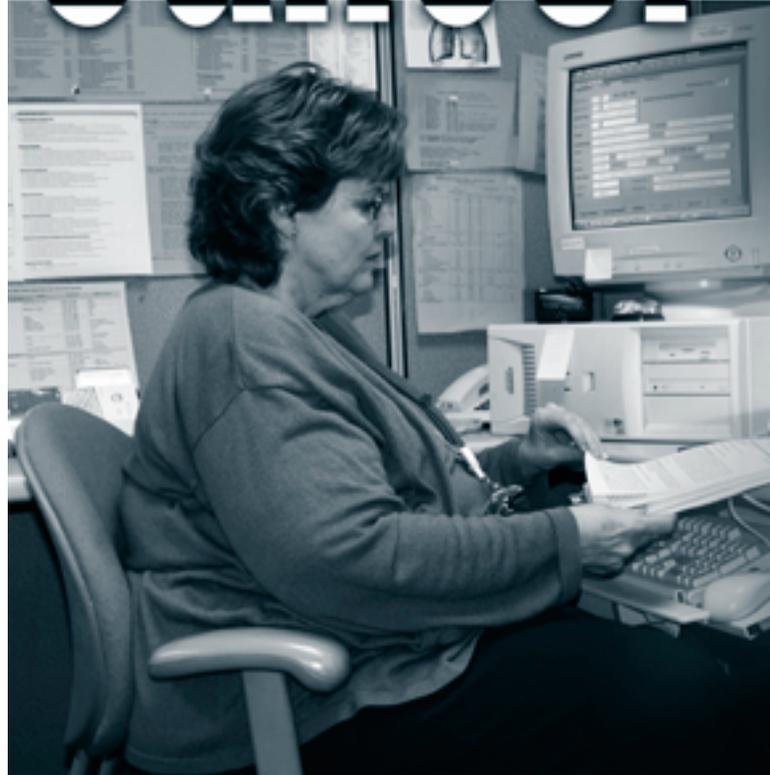


You're a what?

# Cancer



**T**o some, her job title sounds scary. But cancer registrar Suzanna Hoyler does vital work. She compiles information about cancer cases at the Washington Hospital Center in Washington, DC. She gathers data that researchers, healthcare providers, and public policymakers use to combat a common enemy: cancer.

Suzanna directs the efforts of a small team of cancer registrars. Their core duties involve case finding, abstracting, and followup. “With case finding,” Suzanna says, “we look at every diagnosis of cancer—and certain benign tumors—and we read pathology reports and medical records to decide whether a case is suitable for the registry.” Cancer registrars working in a hospital make registry entries only for patients who were diagnosed or received a first course of treatment at that institution.

“Next, there’s abstracting cases,” she says. “That’s the main job of summarizing the patient’s medical records. You’re taking English-language medical jargon and translating it into a coded structure that’s standard across the country. For example, the code for lung cancer is C34.”

In abstracting a case, a multitude of these specialized cancer-registry codes are assigned to record demographic information for the patient, type and location of the cancer, stage of the disease, details and dates of treatment, and treatment outcomes.

Cancer diagnosis and treatment involves several procedures, which often are done at numerous locations. The cancer registrar obtains information on treatment provided to a patient at these other medical facilities, as well. “Medical care is given in many places,” Suzanna says, “so a patient might have a biopsy done in a physician’s office, go somewhere else for a CAT scan, and then come to us for surgery. We’re required to get all of that information.”

The third component, following up, happens once a year with every patient who has a record in the registry. “We do followup,” Suzanna says, “by checking our records to see if patients have been back to the hospital, by surveying doctors who were active on cases, and by writing to the patients and asking them how they’re doing.”

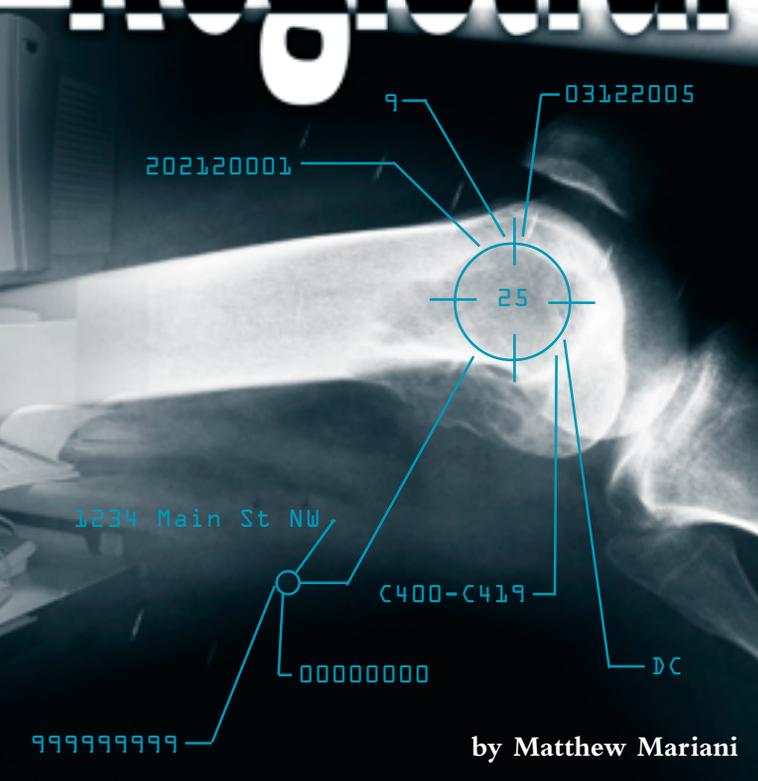
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Hospitals and other healthcare providers must submit their registry data to be compiled in comprehensive State cancer registries. The followup information that Suzanna and other cancer registrars collect about patients allows State health departments to calculate survival rates for different cancers.

Other registry data allow public health officials to identify geographic areas with a high incidence of potentially screenable cancers diagnosed at a late stage. Based on such information, screening programs can be developed for the populations identified so that cancers may be caught earlier, when they are easier to treat.

Registry data also support cancer research in various ways. The hospital might be asked to participate in a study involving clinical trials for treating a specific type of cancer. “One of the ways we use the data,” Suzanna says, “is to answer the question: Do we have enough patients that meet the criteria for a clinical trial?” To find a quick answer, Suzanna queries the registry data. “This might

# Registrar



X-ray image courtesy of Washington Musculoskeletal Tumor Center

by Matthew Mariani

finding, you might do quality control by reviewing information abstracted by other registrars, you might work on a special study or report, or you might be abstracting cases or doing followup. Everything has to get done at a certain time, but you decide how to manage your desk.”

Suzanna enjoys applying medical knowledge in her job. She knows which drugs are used to treat cancer and which others are given to control side effects; she codes the former in the registry, but not the latter. “You also really have to understand a pathology report,” she says, “so when you read about what tissue the cancer has affected, you can code the stage of disease.”

Most people entering the occupation come from among the ranks of medical records and health information technicians. They have related work experience and often have an associate degree in health information management. These technicians—and sometimes other allied health workers—learn the specialized knowledge and skills of a cancer registrar through on-the-job training. A smaller share of workers attend 2-year programs specifically designed to train cancer registrars. Eleven schools currently offer cancer registrar programs approved by the National Cancer Registrars Association.

Like most cancer registrars, Suzanna has professional certification, which she gained after passing an exam given by the association. Candidates must meet minimum education or experience requirements to sit for the exam. In addition, registrars must earn 20 hours of continuing education credits every 2 years to keep their credential.

According to the association, Suzanna is 1 of about 3,400 credentialed cancer registrars in the United States. The Association estimates median earnings for cancer registrars at between \$30,000 and \$35,000 per year. The Bureau of Labor Statistics does not publish employment and earnings data for cancer registrars.

Suzanna enjoys her job because, as she says, “I love data.” And she thinks the occupation has a lot to offer. “For someone who’s detail oriented, self motivated, and likes a challenge, this work can be very rewarding,” she says, “and I don’t think you ever stop learning.”



save researchers from having to review the medical charts of 400 patients to identify the 20 patients for a study,” she explains.

Large medical facilities like Washington Hospital Center also use registry data for business purposes. For example, Suzanna looks at the data to identify trends in services provided. If the hospital is increasingly treating a certain type of cancer, hospital administrators may decide to invest in expensive medical equipment used to treat that cancer. This promotes efficiency in allocating healthcare resources.

The occupation of cancer registrar is a specialty within the broader occupation of medical records and health information technician. Suzanna believes cancer registrars may balance more varied duties and apply more in-depth knowledge than do medical records and health information technicians in general.

“You’re not always sitting there coding all day,” she says of cancer registry work. “You might do some case