

WCRS Updates

Wisconsin Cancer Reporting System, P.O. Box 2659, Madison, WI 53701-2659 June 2013

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WCRS Received NAACCR Gold Standard Certification

Thanks to your timely and quality reporting, WCRS received the gold standard certification from North American Association of Central Cancer Registries (NAACCR) for 2010 incidence data. NAACCR evaluates data from all state cancer registries, and states receive a Gold or Silver Standard if the qualifying criteria are met.

Cancer registries that meet the Gold Standard for Registry Certification have achieved the highest NAACCR standard for complete, accurate, and timely data to calculate standard incidence statistics for the year reviewed. The assessment is repeated annually and the recognition only pertains to a single year of data. To achieve Gold Certification, the data must meet all of the following criteria:

- Case ascertainment has achieved 95% or higher completeness.
- A death certificate is the only source for identification of less than 3% of reported cancer cases.
- Less than 0.1% duplicate case reports are in the file.
- All data variables used to create incidence statistics by cancer type, sex, race, age, and county are 100% error-free.
- Less than 2% of the case reports in the file are missing meaningful information on age, sex, and county.
- Less than 3% of the cases in the file are missing meaningful information on race (US only).
- The file is submitted to NAACCR for evaluation within 23 months of the close of the diagnosis year under review.

Many thanks to all the reporting facilities that made the Gold Standard Certification possible.

Commission on Cancer Outstanding Achievement Awards for Eight Facilities

Eight facilities in the state of Wisconsin are recipients of the “Outstanding Achievement Award” from the Commission on Cancer of the American College of Surgeons.

What does this mean? The Commission on Cancer is the accrediting body for Cancer Programs throughout the country. Achieving accreditation means that the facility has passed rigid standards and is giving quality care to their cancer patients. To gain “outstanding” recognition means that these facilities have gone “above and beyond” meeting those standards.

The standards include six areas of Cancer Program activity:

- (1) Cancer Committee Leadership
- (2) Cancer Data Management
- (3) Clinical Management
- (4) Research
- (5) Community Outreach
- (6) Quality Improvement

The level of compliance to these standards is determined during an on-site evaluation by a physician surveyor. These facilities must also earn a compliance rating for all the other standards as well.

The eight facilities in Wisconsin having earned this award are:

- St. Elizabeth Hospital, Appleton
- Gundersen Lutheran Health System, La Crosse
- Aurora Health Care Metro Region, Milwaukee
- Columbia St Mary's—Milwaukee Campus, Milwaukee
- Wheaton Franciscan, Inc., Milwaukee
- Aurora Medical Center—Oshkosh
- Wheaton Franciscan Healthcare—All Saints, Racine
- Aurora Medical Center—Manitowoc, Two Rivers

Congratulations to all of these facilities. The work that you do to attain this achievement declares your dedication to doing only the “very best” for cancer patients.

Congratulations Sara Biese

Sara Biese, RHIT, CTR, from St. Mary's/St. Vincent in Green Bay, was recently elected to the National Cancer Registrars Association Council on Certification. Congratulations, Sara!

Meaningful Use, Phase 2 – Cancer Reporting

The American Recovery and Reinvestment Act, enacted in February 2009, includes many measures to modernize our nation's infrastructure, one of which is the Health Information Technology for Economic and Clinical Health (HITECH) Act. CMS establishes the criteria that eligible professionals (EP) and hospitals as well as critical access hospitals must meet to qualify for Medicare and/or Medicaid electronic health record (EHR) incentive payments as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology. ONC establishes the standards, implementation specifications, and certification criteria for EHR technology that will support implementation of the Stage 2 criteria described by CMS.

More information on meaningful use and public health can be found on CDC's Meaningful Use Web site: <http://www.cdc.gov/ehrmeaningfuluse/> **Cancer reporting from ambulatory providers to state cancer registries is a new public health objective for Stage 2 Meaningful Use.** This objective will be available beginning in 2014. Reporting to cancer registries by healthcare providers would address current underreporting of cancer, especially certain types. In the past most cancers were diagnosed and/or treated in a hospital setting and data were primarily collected from this source. However, medical practice is changing rapidly and an increasing number of cancer cases are never seen in a hospital. Data collection from providers presents new challenges since the infrastructure for reporting is less mature than it is in hospitals. Certified EHR Technology can address this barrier by identifying reportable cancer cases and treatments to the provider and facilitating electronic reporting either automatically or upon verification by the provider.

Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries August 2012

http://www.cdc.gov/phin/library/guides/Cancer_MU_%20IG_Final_02_17_2012_v1_0.pdf

For further Cancer related information refer to the CDC National Program of Cancer Registries website at: http://www.cdc.gov/cancer/npcr/meaningful_use.htm

Data Quality Task Force

The NPCR grant from CDC requires that WCRS have an advisory committee, so for the next two years we will convene a Data Quality Task Force (DQTF) to help WCRS improve data quality. **Potential Projects to Improve Data:**

- Contribute to WCRS achieving national data quality standards (timeliness, data quality and completeness)
- Enhanced WCRS staffing, with more CTRs and increase CTRs in Wisconsin facilities.
- Regional sharing of hospital resources.
- Increase non-hospital reporting among target groups (dermatologists, radiologists, oncologists) to have 75% reporting by end of five-year grant period.
- Improve statewide stakeholder support and involvement.
- Increase data exchanges with bordering states, especially Minnesota.
- Help enhance current funding and provide input regarding future funding.

Task Force Membership:

The Data Improvement Task Force will focus on data collection systems, cancer care facilities, and data quality. The members - from hospitals, state cancer programs, universities and professional associations - are diverse and represent wide-ranging interests in cancer data and statistics. DQTF members include:

1. **Sara Biese**, RHIT, CTR Cancer Registry Coordinator, St. Vincent Hospital, Green Bay, WI
2. **Beth Brunner**, Wisconsin Director of Healthcare Partnerships, American Cancer Society, Pewaukee, WI
3. **Kelly Court**, Chief Quality Officer, Wisconsin Hospital Association, Madison, WI
4. **Richard Ellis**, M.D., Gunderson Lutheran Medical Center, La Crosse, WI
5. **Kathy Farnsworth**, Public Policy Coordinator, WI Comprehensive Cancer Control Program, Madison WI
6. **Amy Godecker**, Ph.D., Director, Survey Research Shared Resource, UW Carbone Cancer Center, Madison WI
7. **Robert Greenlee**, PhD, MPH, Research Scientist, Marshfield Clinic Research Foundation, Marshfield, WI
8. **Noelle LoConte**, M.D., Assistant Professor, UW Carbone Cancer, Madison WI
9. **Bob Millholland**, CTR, University of Wisconsin Hospital and Clinics, Madison WI
10. **Adedayo Onitilo**, MD, MSCR, FACP, Marshfield Clinic, Weston WI
11. **Lisa Robinson**, BS, RHIA, CTR, Director Clinical Data Registries, Aurora Health Care, Milwaukee, WI
12. **Amy Trentham-Dietz**, Ph.D., Associate Professor/Principal Investigator

- Department of Population Health Sciences and Paul P. Carbone Comprehensive Cancer Center, Madison, WI
13. **Mark Wegner**, M.D., M.P.H. /Chronic Disease Medical Director, Wisconsin Division of Public Health, Madison WI
 14. **Co-Chair: Amy Williamson**, MPP, UW Carbone Cancer Center, Madison WI
 15. **Co-Chair: Frank Wilson**, MD, FACR, FASTRO, Medical College of Wisconsin, Milwaukee WI

Technical advisors:

Nancy Freeman, CHES, Executive Director, Wisconsin Cancer Council, Madison WI

Mary Foote, Epidemiologist, WCRS, Madison WI

Laura Stephenson, Program Director, WCRS, Madison WI

Carole's Training Schedule

Educational Opportunities for Cancer Reporters in Wisconsin for 2013

1. Ongoing 1-1 abstracting training. Please contact Carole Eberle at: carolynn.eberle@dhs.wi.gov for details and to schedule this one-day training in Madison.
2. This year there will be three on-site presentations. They are scheduled at:
 - a. Dean Healthcare in Madison, August 30, 2013
 - b. Sacred Heart Hospital in Eau Claire, September 27, 2013
 - c. Bellin Memorial Hospital in Green Bay, October 9, 2013

The presentations will focus on “Selected Topics in Melanoma, Lung and Breast Cancers.”

These topics will include: anatomy, histology, work-up, treatment and staging.

This presentation has been approved by the National Cancer Registrars Association for 6 CEUs. Please watch your emails for details and registration form which will be issued approximately one month before each presentation.

3. There are many webcasts on our website: www.dhs.wisconsin.gov/wcrs Please check this website and take advantage of these free educational opportunities. Two webcasts are particularly recommended:
 - a. “Basic Training for Cancer Reporters,” which takes the trainee through the cancer data abstract with explanation of data items and assistance in completing them; **this training was recently updated to reflect current reporting standards.**
 - b. “Cancer Program Accreditation,” which explains the various eligibility requirements and standards necessary for a facility to gain/maintain hospital cancer program accreditation.

National Conferences

Carole's Highlights from NCRA Conference

This year, the annual educational conference of the National Cancer Registrars Association (NCRA) was held May 31- June 2 in San Francisco with nearly 1,000 attendees with a focus on the impact of current healthcare upon cancer data management.

Current legislation and regulations impacting healthcare policy in 2013 were presented. The ATRA—American Taxpayer Relief Act of 2012—includes a provision, effective in 2014, that would allow eligible professionals to satisfy the reporting requirements under the Physicians Quality Reporting System (PQRS) by participating in a qualified clinical data registry, such as a cancer registry. Thus, **quality** cancer data is becoming more and more a priority.

The use of cancer data was discussed in the context of a collaborative effort between local, state and national registries (databases). At the ASCO (American Society of Clinical Oncology) meeting, two crucial points were highlighted: (1) data from cancer registry “text” fields can be extracted to provide valuable clinical information and (2) collaborative use of cancer registry data can aid understanding of changing cancer care patterns.

Other presentations included:

- (1) The impact of the electronic health record (EHR) on cancer registries: Some of the benefits identified are: improved workflow efficiency; shared patient information; improved quality of data documentation; ease in determining patients; and improved monitoring.
- (2) CAP and the reporting of molecular testing results: The College of American Pathologists (CAP) is creating templates for reporting molecular testing results from pathologists. This is a cooperative project involving representatives from pathology, oncology, cancer registries and others involved in reporting these results. (Molecular testing can pinpoint exactly how any particular patient with cancer should be treated.)
- (3) QOPI: Quality Oncology Practice Initiatives; this program, which is through the American Society of Clinical Oncology (ASCO), was explained. Basically, it is a set of measures geared for the outpatient chemotherapy clinic or practice, designed as a tool for performance improvement. There are several levels of participation, including a certification level, which requires an on-site review and data submission.
- (4) Additional remarks: A specific session on the new “mentoring program” initiated by NCRA was presented. Details of the program and how to become a “mentor” or “mentee” were presented.
- (5) A one-day session was also held by the CDC for those who work at the state level as trainers. This session presented information on how training efforts were conducted in

different states. It also gave attendees valuable information on training endeavors. In this economy, where more must be done with less, insights were given in how this could be managed.

WCRS Epidemiologist attended NAACCR 2013 Annual Conference

The North American Association of Central Cancer Registries (NAACCR) Annual Conference was held In Austin TX, June 8-14. The theme for the 2013 Conference was “Thinking Big: The Future of Cancer Surveillance,” highlighting innovative and creative ideas for how science, technology, policy, and collaboration can shape the future of cancer surveillance. Meaningful Use Phase 2 was a prominent topic - as was the newly available software for survival analysis, not to mention prevalence, trend data and a health disparities calculators from SEER*Stat : <http://www.seer.cancer.gov/seerstat/> Soon the NAACCR conference oral and poster presentations will be posted at: www.naacr.org

New Cancer Publications

Cancer in North America 2006-2010

The recently released major publication from NAACCR, [Cancer in North America \(CINA\): 2006-2010](#), provides researchers and health professionals with a detailed look at population-based cancer data. It provides the most current cancer incidence and mortality statistics for the United States and Canada and serves as the foundation for publications including the American Cancer Society's Cancer Facts & Figures and the US Annual Report to the Nation.

The report now includes information about cancer stage, which gives states and provinces the tools to establish baselines and be in a better position to monitor cancer control efforts. Staging information is critical because it also dictates treatment plans and how best to manage the disease. By including stage information on five common cancers - lung, colorectal, cervix, breast and prostate cancer - by state/province, this CINA report marks the first time these data will be available in one place.

Back by Popular Demand! Wisconsin Cancer Facts & Figures

Mary Foote, WCRS Epidemiologist, estimates a new version of Wisconsin Cancer Facts & Figures will be published later this year. This report is a collaborative project of the American Cancer Society, Midwest Division, and the WCRS, Department of Health Services. This fourth edition of Wisconsin Cancer Facts & Figures provides information (incidence and mortality data) for each cancer site (such as lung, colorectal, breast) in one chapter for application to cancer prevention, treatment and state control activities usually targeted to specific cancers. In response to state and national priorities for reducing health disparities, the report includes data by race, ethnicity and county.

Reporting Notices and Updates

Reminder: 2012 Cases are Due to WCRS by July 1, 2013.

Edit Metafiles

The WCRS-specific V12.2 edit metafile is available and can be sent to your software vendor, if needed. Laura Stephenson (laura.stephenson@dhs.wi.gov) will be working on the V13 edit metafile in July 2013 for distribution in August 2013. Please contact Laura in late July if your vendor needs this new metafile.

'M' Record Layout

WCRS is now able to accept M record layout submissions (corrections to cases previously submitted) with the following caveats:

1. You **MUST** send the file via Web Plus as a 'non-naaccr' file and state in the comment field that this is an 'M' layout file.
2. You must not submit any new cases ('A' layout) in the same file.

While we can accept files in this layout, WCRS will not be processing these cases until later this summer – after the conversion to V13, which has the capability to edit and consolidate this type of record.

Web Plus Upgrade Scheduled for August

WCRS has scheduled its upgrade to V13 for Web Plus with CDC for this coming August. Along with the upgrade to accept V13 submissions, this version will allow for instant editing of cases and data entry. To prepare facilities for the types of errors they will be seeing when running instant editing prior to submission, WCRS will upload current error reports (generated in-house upon receipt of a file) for all facilities submitting cases in July to their specific Web Plus folders. Please review these error reports to identify the types of edits you can anticipate having to correct prior to submitting a file in the new version.

CS Fields and Pre-2004 Diagnoses

WCRS has noticed that some facilities are submitting certain CS fields for cases diagnosed before 2004. All CS fields should be blank for any case diagnosed before 2004 or if the diagnosis year is unknown. Most likely these fields are defaulted by the software being used. Please check with your vendor about correcting any default values in CS fields for these older cases.

Coding Update for Some Breast Cancer Treatments

As a result of a comprehensive review of chemotherapeutic drugs currently listed in the SEER-RX guide to determine compliance with recent FDA definitions, the following four drugs should be coded as BRM-Immunotherapy **INSTEAD OF** chemotherapy drugs beginning with 2013 diagnoses of breast cancer:

Bevacizumab/Avastin
Trastuzumab/Herceptin
Pertuzumab
Cetuximab/Erbitux

2011 Death Certificate Only (DCO) Cases

WCRS will be mailing out the 2011 DCO query forms in August 2013. Please watch for them; they will be sent via regular mail on goldenrod-colored paper. We will be asking for a two week turnaround. DCOs represent potential reportable cases that were discovered through review of the 2011 Wisconsin resident death file. Instances of cancer reported on a death certificate that did not match a person or tumor in the WCRS registry generate a DCO query form. To whom forms are sent is based on the information on the death certificate; first priority is to the hospital listed on the death certificate. If the death occurred outside a hospital, the form is sent to the physician who signed the death certificate. If no physician signed the certificate, the form is sent to the coroner/ME in the county where the death occurred.

2011 Matched Death Lists for Facility Follow-up

Shortly after the DCOs are completed, WCRS will have matched death lists available for facilities that require death information for follow-up purposes and survival statistics. The lists are facility-specific and will contain all persons previously reported to WCRS that matched to a 2011 death record. Date of death, cause of death (ICD-10 code) and death certificate number will be provided. Contact Laura Stephenson if you need this list. Lists will be posted to the facility's Web Plus account.

2008-2012 Feedback Summary Forms

WCRS will be mailing out feedback summary forms to all facilities the first week of July. The forms will be sent to the main contact listed for each facility, along with the facility administrator/CEO/manager (depending on type of facility).

These forms provide information on all cases received for diagnosis years 2008 through 2012. The form contains the contact information WCRS has on file for your facility, the reporting volume by diagnosis year compared to the estimated caseload we have on file for your facility, and the reporting timeliness of the received cases (received within 9 months, between 9 and 15 months, and after 15 months from when the case was due). Facilities that show marked deficits in the number of 2011 and 2012 cases submitted to WCRS will also receive an additional letter requesting the action plan for submitting these cases to WCRS in a timely manner.

Version 13 Data Submissions

Some facilities that use purchased vendor software for cancer reporting have already converted (or will shortly convert) their data systems to the newly required V13 layout for 2013 cases. WCRS can currently accept those files if submitted through Web Plus using the "NON_NAACCR FILE" option. You **MUST** indicate in the comments field that this is a V13 file. WCRS will not be able to process them until August or September (when our conversion to V13 will be scheduled).

Coding Tips

The following coding tips are from the NAACCR Webinar Series on specific cancer sites or types.

Sarcomas

Ewing's Sarcoma family of tumors:

Ewing Sarcoma – typically arises in bone

Extra osseous Ewing sarcoma – less common, usually soft tissue origin

Primitive neuroectodermal tumor (PNET) – usually arises in CNS (code to 9473/3). However, if the PNET arises in bone or soft tissue or other non-CNS, then code to 9364/3. This can be described as pPNET (p = peripheral).

Kaposi Sarcoma Multiple Primary Rule = M5: Kaposi sarcoma of any site or sites is always a single primary.

Neoplasm and Tumor: Reportability vs. Equivalent Terms for Multiple Primary Determination

The terms ‘neoplasm’ and ‘tumor’ without any associated statement of malignancy are only considered *reportable* cancers for central nervous system sites for diagnosis years 2004 and later. (See WCRS Coding Manual for a list of specific site codes.) However, these two terms, along with ‘mass’ and ‘lesion’ are to be considered when determining multiple primaries and histology. See the Multiple Primary Rules for specific information.

Hemangiomas

Cavernous hemangioma (9120/0 and 9121/0) ARE reportable when they arise in the dura or parenchyma of the central nervous system. Venous hemangioma or developmental venous anomalies (9122/0) are NOT reportable to WCRS.

Surgery Codes – Brain

WCRS has noticed a number of errors in the use of surgery codes 30 and 55 for brain resections. Code 30 should be used when the entire TUMOR is resected. Code 55 should be used when the entire LOBE is resected.

Intracranial Lipomas

Intracranial lipomas are NOT reportable to the state.

SSF1 – Brain – WHO Grade Classification

Code the World Health Organization (WHO) grade as documented in the record. If the WHO grade is not documented use Table 56.3 in the AJCC 7th Ed. (page 596) for a list of specific histologies that are assigned a WHO grade. Use that default grade when no grade is present in the record. (Anaplastic astrocytoma = grade III, glioblastoma = grade IV, meningioma = grade 1, for example.)

Drop Mets

Drops mets, a term more often seen with CNS tumors, means that the metastasis is separate from the original tumor, not contiguous. Drop mets is considered intradural metastasis.

Comedonecrosis

If the term comedonecrosis is used when describing a breast tumor, that does not automatically mean the histology should be coded to 8501 – comedo carcinoma. If there is no confirmation in the report of comedo carcinoma, then code the histology to 8500.

Triple Negative Tumors of the Breast

Triple negative tumors (estrogen receptor negative, progesterone receptor negative and HER2/neu negative) that are referred to as “basal-like” or “basal-type” should be coded as ductal carcinoma, NOS.

Regional Lymph Nodes Levels for Breast Cancer

Axillary LN level I = low axillary and intramammary nodes

Axillary LN level II = mid axillary, interpectoral and Rotter's nodes

Axillary LN level III = High axillary, apical and infraclavicular.

Note: "internal mammary" LNs, or "parasternal" LNs are not assigned a level.

Cautionary Notes on Scope of Regional LN Surgery Coding Issues

1. Make sure to use the operative report and not the pathology report to code the type of surgery.
2. Make sure to distinguish between the sentinel LN biopsy (SLNB) and axillary node dissection (ALND). If the path report states "multiple LN removed" and type of biopsy is not specified, assume it is a ALND.
3. Make sure to cumulatively code multiple surgical procedures properly.
4. Vendor software systems only send one surgery code to the state in the submission layout, even if your data entry screen allows for multiple surgery LN codes to be entered. Please make sure to use the combination code for this field if applicable.

Treatment for Breast Cancer – Things to Look For

1. In general, if a patient has breast conserving surgery, they should have radiation therapy.
2. If a patient has a tumor that is ER/PR negative (meaning that Tamoxifen isn't going to work) they should receive chemotherapy within four months of diagnosis (applies to females under age 70 with stage II or III).
3. If a patient has stage II or III disease, is under 70, and is ER/PR positive, then Tamoxifen or a third generation aromatase inhibitor should be administered.

CS Lymph Nodes Field for Breast Cancer

If the LNs were evaluated *clinically*, then CS Lymph Nodes field should be one of the following: 255,257,510,610,735, or 810, and the LN eval code should be 0, 1, 5, or 9. If the LNs were evaluated *pathologically*, then CS Lymph Nodes field should be one of the following: 050, 130, 150, 155, 250, 258, 520, 620, 710, 720, 730, or 815 and the LN eval code should be 2, 3, 6, or 8.

WCRS Acknowledgement of Passing- Martha See



WCRS would like to acknowledge the passing of Martha See, CTR. Martha was a long-time member of the Wisconsin cancer registry community. She died in March from the very disease to which she dedicated her life's work. WCRS thanks Martha for her dedication to cancer registration and is relaying her family's wish that memorials can be sent to the American Cancer Society in Martha's name.

Cancer Awareness and Conference Calendar

July

Bladder Cancer Awareness Month

UV Safety Month

August

Summer Sun Safety Month

September

National Prostate Cancer Awareness Month

Take a Loved One to the Doctor Day (typically the last week in September)

Childhood Cancer Month

Health Literacy Month

National Ovarian Cancer Month

Gynecologic Cancer Awareness Month

Leukemia and Lymphoma Awareness Month

Thyroid Cancer Awareness Month

Upcoming Conferences

WCRA Wisconsin Cancer Registrars Association

Annual Fall Conference, October 10-11, 2013

Ramada Plaza, Green Bay, Wisconsin

Final agenda and details TBD; information will be posted at:

<http://wicancerregistrarsassoc.com> and on the WCRS web site

UWCCC University of Wisconsin Carbone Cancer Center Fall Symposium

Cancer's Impact on the Family, October 18, 2013

Monona Terrace and Convention Center, Madison, Wisconsin

For more information contact: Nancy Freeman, nafreeman@uwcarbone.wisc.edu

2013 National Wellness Conference

July 15-18, 2013

University of Wisconsin - Stevens Point

For more information: http://www.nationalwellness.org/events/event_list.asp

2013 Public Health Nursing Conference

August 19-20, 2013

Holiday Inn Hotel and Convention Center

Stevens Point, WI

For more information: [http://www.wpha.org/Events/2013-](http://www.wpha.org/Events/2013-Conference?utm_source=June+2013&utm_campaign=Issue+53+-+June+2013&utm_medium=email)

[Conference?utm_source=June+2013&utm_campaign=Issue+53+-+June+2013&utm_medium=email](http://www.wpha.org/Events/2013-Conference?utm_source=June+2013&utm_campaign=Issue+53+-+June+2013&utm_medium=email)



Wisconsin Cancer Reporting System, Division of Public Health, Department of Health Services