

WISCONSIN CANCER REPORTING SYSTEM NEWSLETTER



SUMMER 2019 EDITION

HAPPY SUMMER!

The Wisconsin Cancer Reporting System (WCRS) sincerely thanks all reporters for your dedication to high quality and complete cancer case abstraction as we all transition from a challenging 2018 reporting year to meet the continuing challenges in 2019 head on!

WCRS STAFF UPDATES

WCRS is sad to announce the retirement of Mary Foote and Laura Stephenson. Mary and Laura have been an integral part of the Department of Health Services, Wisconsin Cancer Reporting System. Their hard work, commitment and dedication are admirable. Mary and Laura will be greatly missed. Filling their shoes will be an almost impossible task.

MARY FOOTE

Mary Foote, Epidemiologist, is retiring from her position at WCRS on July 18th 2019. Mary found great purpose in her work, but after more than 22 years, she is ready for new challenges.

Mary has also made significant contributions to cancer control outcomes statewide.

Mary has shown ongoing initiative, leadership and dedication in her position as the WCRS epidemiologist since 1997. She is responsible for state cancer surveillance and promoting data utilization in research studies. Mary developed a public use dataset for the Cancer Module in Wisconsin Interactive Statistics on Health (WISH) public use data query system and authors publications for DHS, peer-reviewed journals, and other collaborative projects.

In her years with WCRS, Mary earned the respect of her peers and served as mentor and role model in her field. She developed a strong relationship with the academic community. Through her determination and work with the Data Quality Task Force for WCRS, she has been an excellent channel to disseminate and promote cancer data, and to collaborate on cancer surveillance initiatives.

Mary has made a measurable impact over the past 20 years as a passionate advocate for all those afflicted with cancer, especially focusing on cancer disparities in Wisconsin. Her epidemiological publications have focused on racial and ethnic data burden estimates and trend surveillance.

She exemplifies the virtue of good citizenship and team work and truly inspires many of us at WCRS to share our talents in order to make a positive change in our community and our world.

Congratulations Mary!



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LAURA STEPHENSON

Laura Stephenson has been employed by the Wisconsin Cancer Reporting System (WCRS) since 1994, with over 17 of those years serving as the program director. She has extensive knowledge of and enthusiasm for all WCRS activities. Laura inspires those around her to feel the same degree of excitement throughout her daily work ethic. In the words of a former co-worker, Laura has “dedication to her work and the Cancer Program that goes above and beyond anything I have ever witnessed in state government.”

While working as the Quality Assurance manager for WCRS, she was tasked with also filling the roles of program director, data manager, and analytics specialist, due to staffing vacancies. This meant that she was also responsible for hiring and training staff, maintaining and creating budgets, fulfilling the requirements of two grants funding the registry, and fulfilling data requests. Throughout this time, she guided registry staff on operations and maintained strong relationships within the cancer reporting community.

Laura’s work focused on developing, testing, implementing and maintaining cancer registry-specific software modules and their associated training materials; conducting the annual Calls for Data; conducting QA activities; building long-lasting trusted relationships with data users, cancer reporters, IT staff and researchers about anything and everything cancer registry-related; presenting at state and national conferences on a variety of topics, and always doing what she could to improve the quality of the data at WCRS.

While Laura enjoyed developing training sessions with improvised songs based on classics (who could forget “Lord, Won’t you send us some more CTRs” based on Janis Joplin’s hit “Mercedes Benz” at the 2012 WCRA Fall Meeting☺). One of Laura’s proudest moments in her cancer registry tenure was passing the CTR exam in 2014, and joining the ranks of her colleagues around the state, whom she had admired since beginning her cancer registry career in 1994.

Happy Retirement Laura!

The Staff of WCRS are sincerely honored to have had the opportunity to work with Mary and Laura

In recognition of their outstanding contributions to the profession, encouraging staff the desire to contribute to the development and growth of the Cancer Registry profession and furthering public awareness of the scope and importance of accurate and complete data within the cancer reporting profession -

Please join WCRS in thanking Mary and Laura for their many years of dedication to WCRS and Best Wishes for many happy relaxing days of retirement and new exciting adventures!

**Off you go to travel and visit relatives!
Lucky Ladies!**





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WHO ARE YOU GOING TO CALL?

In the interim of Mary and Laura's vacancies, here is a list of who you can contact with questions. The contact information can be found on the last page of this newsletter.

For Abstract Plus questions on software installation or upgrades - call Jenna Staehler
For Abstract Plus questions on data entry, edits - Call Nancy Sonnleitner
For Compliance issues - Call Nancy Sonnleitner
For Data/Research requests - Call Angela Whirry-Achten
For DCOs - Call Kim Ortman
For Grant related issues - Call Angela Whirry-Achten
For MOUs or data exchange agreements - Call Angela Whirry-Achten
For Reporting requirements, WCRS Coding manual - Call Nancy Sonnleitner
For Web Plus account resets, file download or upload - Call Kim Ortman
For Wisconsin edit metafile for vendor software - Call Jenna Staehler or Nancy Sonnleitner



WCRS V18C METAFILE IS NOW AVAILABLE

The Wisconsin Cancer Reporting System's V18C metafile for state reporting is now available. This metafile contains all NPCR-required facility edits and additional Wisconsin-specific edits. It does not contain additional SEER-only or CoC-only edits that meet those standard setter requirements (no directly coded AJCC TNM edits, for example, which is not required by NPCR for 2018-2020 diagnoses). It does contain 13 new edits, developed for the V18C metafile, that apply to Summary Stage 2018, treatment and treatment date coding, and the specific Mets at DX fields.

The metafile was first sent to ERS, Oncolog, C/NET Solutions and Elekta (Metriq) on June 6th, and an update was provided on June 28th. Please check with your vendor on the availability of the metafile in a future upgrade. The latest metafile is also on Web Plus, for download by those facilities that have the ability to update the state metafiles independently from a vendor upgrade. If your facility has that capacity, please contact Nancy Sonnleitner, Kim Ortman or Jenna Staehler. We will link the upload to your Web Plus facility account so you can download it. (Due to its size (85 MB), the file is zipped, so you'll need to use WinZip to unzip it.)

Please note the following:

If your facility uses WCRS Abstract Plus, you do not need to do anything at this time. The V18C metafile will be incorporated in the new version of Abstract Plus

Cases that have already been reported to WCRS with the V18B metafile do NOT need to be resubmitted. WCRS may have additional follow up questions as we begin processing these cases over the summer (or may need some resent due to unexpected high error rates), but we do not intend to require any resubmission of V18 files that we have received, to date.

ABSTRACT PLUS/WEBPLUS UPDATES

Testing on Abstract Plus, Version 3.7 for 2018 cases, has just completed. WCRS will be uploading the new link for this software to its website by the end of July. WCRS will send out a blast email when it is available for public download. An updated user manual will also be available, highlighting the differences between version 3.6 and 3.7.

Web Plus will be upgraded to accommodate V18 cases later this summer/early fall. Please watch for an email blast and updates on the web site for more details.

WCRS CODING AND DATA REQUIREMENT MANUAL

WCRS is pleased to announce that the 2018 - 2019 WCRS Coding and Data Requirement Manual has been updated for completing 2018 and 2019 cancer diagnoses and is now posted on the WCRS website, <https://www.dhs.wisconsin.gov/wcrs/reporterinfo/manual.htm>.

The 2018 - 2019 WCRS Manual has been completely reformatted from previous versions for easier reading and to enable reporters the ability to use bookmarks to access sections in the Coding Manual. The Manual is provided as a single PDF and also as individual chapter PDFs.

To aid reporters in navigating the manual with Adobe Acrobat Reader (using the bookmark option in the full PDF version), we have created a document to serve as a basic guide to navigate the manual quickly and easier. If you need a copy of the word document, please contact: Nancy Sonnleitner, Nancy.Sonnleitner@dhs.wisconsin.gov.





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CALL FOR DATA 2019 - CASE SUBMISSION DEADLINE

CDC and NAACCR Calls for Data are due December 1, 2019. This year, WCRS will include all reportable cancers diagnosed 1995 - 2018. While that sounds like a long time from now, it will be upon us before you know it.

WCRS needs all facilities to submit any outstanding 1995 - 2017 diagnosed cases by August 31, 2019. Facilities are encouraged to submit as many 2018 diagnosed cases as possible by October 31, 2019.

2017 DEATH CERTIFICATE ONLY CASES

WCRS will be sending out the 2017 DCOs later this summer. The anticipated release date is by mid-August. This is approximately three weeks earlier than in previous years. Hopefully, this will give facilities more time to review the DCO lists, update the status and submit full abstracts on any missed cases by the end of September. WCRS will send out a blast email with the specific instructions for downloading DCO lists as soon as they are ready for facility review.

2017 MATCHED DEATH LISTS

WCRS will be creating the annual matched death lists in conjunction with preparing the 2017 DCOs this year. All CoC-accredited facilities will receive an email when the lists are ready (usually a week before the DCOs are sent out). Non CoC-accredited facilities that would like a 2017 matched death list should contact Jenna Staehler or Nancy Sonleitner.

CDC'S EARLY CASE CAPTURE (ECC) PEDIATRIC COOPERATIVE AGREEMENT

The current ECC 5-year cooperative agreement ends on September, 29, 2019. CDC recently informed the seven participating states that the agreement will NOT be renewed. Instead, CDC will be awarding a new contract (instead of a cooperative agreement) to one vendor to pilot a new cloud-based epath/EHR reporting system for hospitals/path labs to submit the pediatric data, within the 30 day time frame. This vendor will sub-contract with one or two states that have the current capacity to pilot a new epath system. Wisconsin does not currently have statewide epath capacity, and will most likely not be considered for this initial pilot period. The new contract will also expand the age range of eligible cases to include ages 0-29, instead of the current age range of 0-19.

WHAT DOES THIS MEAN FOR WISCONSIN FACILITIES?

As of 10/1/19, WCRS will no longer require pediatric cases to be submitted to WCRS through the special rapid case submission processes developed for this agreement. All pediatric cases will still be required to be completed and reported, per the standard reporting timeline (six months from diagnosis or date first seen, if diagnosed elsewhere). WCRS will be contacting the major reporting facilities separately, to answer questions, and discuss continued rapid case reporting processes for the EHR and AIM ePath feeds, as long as it does not cause additional burden on the facilities.

CDC wants to role out the new ePath reporting system to all states, eventually, so when they are ready to test this with a non-path-based state, Wisconsin will be involved in that round of testing.

WCRS would like to thank all of the participating hospitals and clinics that worked very hard to make this rapid case reporting process work. Because of your hard work, Wisconsin improved its timeliness from a baseline of just 2% of cases reported within 30 days, in October 2015, to almost 70% in April of 2019. Our 60 day timeliness reached 90%!

MCRA-WCRA REGIONAL CONFERENCE

The 2019 Annual MCRA-WCRA regional conference will be held on September 12th - 13th at the Embassy Suites Minneapolis Airport in Bloomington, MN. Sessions will be held on Solid Tumor Rules, AJCC Chapter 1 Review and site-specific topics.

Hosted by



and



To register for the 4th Annual MCRA/WCRA Regional Conference follow this link:

<https://fs28.formsite.com/minnesotaMCRA/2019RegionalConference/index.html> and complete the online registration. There are options to pay by check or through PayPal with an account or as a guest with a credit or debit card.



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2018 TIMELINESS

Due to the 2018 requirements and software deployment delays, WCRS has suspended the 2018 timeliness reporting requirement and is extending the 2018 reporting deadline to December 31, 2019. While we encourage all facilities to submit their 2018 cases as soon as possible (as software is available), we will not be conducting timeliness audits on 2018 cases. Please note, the usual six month reporting deadline will return for cases diagnosed in 2019 (all 2019 diagnosed cases are due by July 1, 2020), since there are no reporting requirement changes for 2019 diagnoses.

Here are some additional reporting reminders:

Beginning with cases diagnosed January 1, 2018, WCRS is not requiring TNM data items for cases. Facilities accredited by the American College of Surgeons (ACoS) may continue to complete the TNM data items, though WCRS will not be performing edits on these data fields.

Below is a listing of additional data items required for cases diagnosed beginning January 1, 2018. Some of this information was previously captured in the Collaborative Stage Site Specific Factors (SSF) prior to 2018, but it will now be captured in the Site-Specific Data Items (SSDI) beginning 2018 forward.

- Grade Clinical
- Grade Pathological as available
- Directly assigned Summary Stage 2018
- Schema Discriminator 1
 - BileDuctsDistal/BileDuctsPerihilar/CysticDuct
 - EsophagusGEJunction (EGJ)/Stomach
 - Histology Discriminator for 9591/3
 - Lacrimal Gland/Sac
 - Melanoma Ciliary Body/Melanoma Iris
 - Nasopharynx/Pharyngeal Tonsil C111 only
 - Occult Head and Neck Lymph Nodes
 - Plasma Cell Myeloma Terminology
 - Primary Peritoneum Tumor
 - Thyroid Gland/Thyroglossal Duct
 - Urethra/Prostatic Urethra
- Schema Discriminator 2-
 - Esophagus and Esophagogastric Junction/Histology discriminator for 8020/3
 - Oropharyngeal p16
- Molecular Markers-Brain
- Breslow Tumor Thickness-Melanoma
- LDH Pretreatment Value-Melanoma of the Skin
- ERA Summary, PRA Summary, HER2 Overall Summary-Breast
- Fibrosis Score-Liver and Intrahepatic Bile Ducts
- Microsatellite Instability (MSI)-Colon and Rectum
- PSA Lab Value-Prostate
- Phase I Radiation Treatment Modality will replace Radiation Modality and RX Summ—Radiation
- CoC Accredited Flag (populated by software vendor)



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NAACCR REGISTRY CERTIFICATION

Reporters, because of you, Wisconsin has been awarded for our high quality cancer data!

The North American Association of Central Cancer Registries has recognized the Wisconsin Cancer Reporting System for meeting its Gold Standard for the 2018 submission. 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.

NPCR 2018 DATA QUALITY EVALUATION (DQE)

The purpose of the DQE was to assess the quality of data within population-based NPCR-funded central cancer registries. Wisconsin was not involved in the NPCR 2018 DQE. Data Sources included:

- Consolidated record level file
- Diagnosis years 2009 - 2015
- Selected cancer sites
 - Bladder, Melanoma of the skin, Colon, Lung, Female breast, Prostate
- Abstract record level file
- Policy and procedure manual

DATA ITEM ACCURACY BY PRIMARY SITE

Data Item	Bladder	Female Breast	Colon	Lung	Melanoma	Prostate
Grade	83.7%	93.6%	94.2%	95.7%	99.1%	98.4%
Derived Summary Stage 2000	96.7%	98.3%	91.8%	94.5%	96.7%	98.0%
Date of Initial RX	92.9%	96.5%	94.1%	91.8%	80.0%	98.8%
Date of 1 st Crs RX COC	95.7%	93.7%	93.5%	89.0%	82.5%	92.4%
RX Date - Surgery	96.5%	95.6%	95.9%	94.5%	85.8%	98.2%
RX Summ-Scope Reg LN Sur	98.9%	90.2%	97.6%	94.0%	93.0%	99.0%

DATA QUALITY FACTORS

- Use the most accurate or specific information
- Code known over unknown or less specific
- Justify codes with text
- Primary site versus metastatic site
- Stage
- Treatment
- First course treatment versus subsequent treatment
 - No therapy
 - Active surveillance
- Diagnostic versus definitive procedures

NPCR DQE PLAN FOR 2020 - 2013 - HEADS UP!

Wisconsin will be involved with the Data Quality Evaluation for the 2020 - 2013 time period.

The three focus areas will be:

1. Completeness of staging, biomarker, treatment and treatment-related information
2. Validation of staging, biomarker, treatment and treatment-related information
3. Evaluation of duplicate rates



The DQE is done in collaboration with NCI: NCI SEER and CDC NPCR emphasis on quality of data - through Established Standards and Data Assessments. Established quality benchmarks: Evaluated completeness and accuracy.



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2019 SEER ADVANCED TOPICS FOR REGISTRY PROFESSIONALS WORKSHOP AT NCRA

Participants of the SEER Workshop completed a total of 12 grade cases, two cases for each site. Three grade data items were completed by 220 participants (175 of those participants finished all 12 cases). The cases were chosen to help improve the Grade Manual.

Case Scenarios	Grade Clinical	Grade Pathological	Grade Post Therapy
Bladder 01	89.00%	75.60%	88.52%
Bladder 02	95.69%	61.72%	87.56%
Bone 01	88.95%	88.95%	75.26%
Bone 02	50.27%	93.05%	90.91%
Breast 01	94.30%	41.97%	96.37%
Breast 02	3.59%	90.26%	97.44%
Colon & Rectum 01	47.54%	73.77%	97.81%
Colon & Rectum 02	96.09%	24.02%	98.32%
Lung 01	90.86%	73.14%	99.43%
Lung 02	84.30%	81.98%	96.51%
Prostate 01	96.57%	71.43%	95.43%
Prostate 02	94.29%	89.14%	100.00%

Bone: Suggestion for Grade Manual

- Add guidance on when terms like “undifferentiated” are not references to grade
- Add note about use of FNCLCC grade system for bone & soft tissue grade tables

Breast: Suggestion for Grade Manual

- Add statement that grade of invasive component is preferred over in situ even if invasive grade is lower or does not use preferred grading system
- Clarify when registrar can assume that pathologist is using preferred grade system
- Add link to “Generic Grade Table” to any site that uses generic grade codes

Colon and Rectum: Suggestion for Grade Manual

- Clarify that clinical grade cannot be used for pathological grade when one grade was coded from a preferred grade system and the other was not

Take Home Points on Grade--READ THE “FINE” MANUAL (RTFM)! *Per April Fritz*

- Record the clinical grade in path grade when: (See Notes on pages 26-27).
 - Clinical grade is higher
 - Both are documented in the same grading system
- Code path grade 9 when patient receives neoadjuvant therapy (See Notes on pages 28-29).
- Grade code choices must include A-D (generic grade codes) to use grade terminology conversion table (See Notes on pages 32-33).



The Grade Coding Instructions and Tables can be found on the link: <https://seer.cancer.gov/tools/staging>



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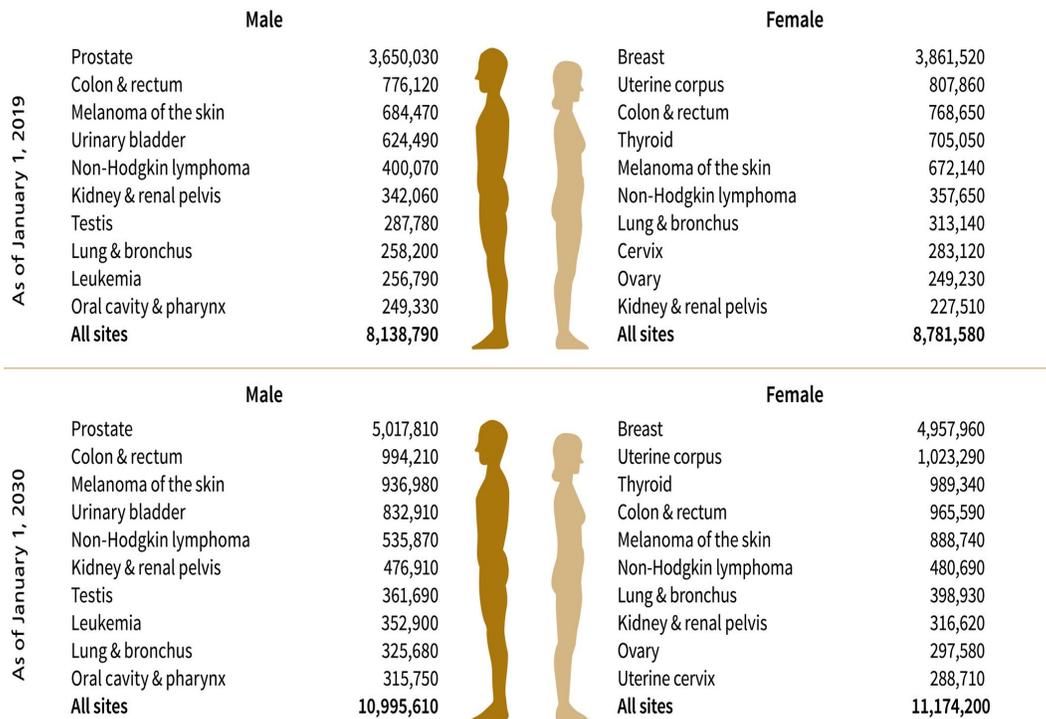
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EPIDEMIOLOGIST UPDATES

POPULATION OF US CANCER SURVIVORS GROWS TO NEARLY 17 MILLION

The number of cancer survivors in the United States continues to go up. A new report by the American Cancer Society - in collaboration with the National Cancer Institute - estimates there are more than 16.9 million cancer survivors alive in the US today, and that number will grow to more than 22.1 million by 2030. The authors define “survivor” as anyone who’s ever had cancer, from the time of diagnosis for the rest of their life, although they acknowledge that not everyone with a history of cancer uses this term.

The report, “[Cancer Treatment and Survivorship Statistics, 2019](#),” was published in *CA: A Cancer Journal for Clinicians*.



ANNUAL REPORT TO THE NATION ON THE STATUS OF CANCER, 1999-2015, FEATURING CANCER IN MEN AND WOMEN AGES 20-49

The American Cancer Society, Centers for Disease Control and Prevention, National Cancer Institute, and North American Association of Central Cancer Registries (NAACCR) provide annual updates on cancer occurrence and trends by cancer type, sex, race, ethnicity, and age in the US. This year’s report highlights the cancer burden among men and women ages 20-49 years.

The Annual Report to the Nation provides long-term trends in cancer incidence rates (new cases) and mortality rates (deaths) for all races combined.

- Researchers found continued declines in cancer mortality rates for men, women, and children.
- Overall cancer incidence rates continued to decrease among men and remained stable among women.
- This year’s Special Section focused on cancer trends among adults ages 20 to 49.
- For all age groups combined, incidence and death rates were higher among men than women, but among adults 20-49 years, incidence and death rates were lower among men than women.
- The most common cancers in this age group were:
 - Breast, thyroid and melanoma of the skin for women, with breast cancer far exceeding any of the other cancers; and
 - Colorectal, testicular and melanoma of the skin for men.



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EPIDEMIOLOGIST UPDATES

WISCONSIN CANCER DATA UPDATED IN QUERY MODULES

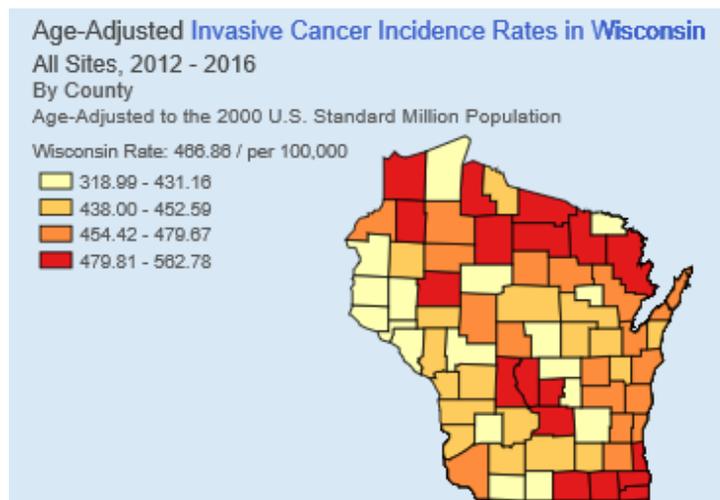
Cancer Modules have been updated and released in Wisconsin Interactive Statistics on Health (WISH) and in Cancer-Rates.Info, the two data query systems available on the WCRS website:

<https://www.dhs.wisconsin.gov/wish/cancer/index.htm>
<https://www.cancer-rates.info/wi/>

The WISH Cancer Modules is an interactive tool using Wisconsin Cancer Reporting System data for instant access to Wisconsin-specific cancer incidence, mortality and stage data by sex, race/ethnicity and age. Cancer incidence data for 1995-2016 and cancer mortality data for 1995-2017 are available by county, region, or statewide level for over 25 cancer sites in four Cancer Modules: Cancer Incidence, Cancer Incidence by Invasive Stage, Female Breast Cancer Incidence by Stage, and Cancer Mortality.

The following key findings about cancer in Wisconsin were derived from the WISH Cancer Modules:

- For the most recent five-year periods, an average of 32,160 invasive cancer cases and 11,411 cancer deaths were reported each year.
- The age-adjusted incidence rate for all cancers combined declined slowly, by approximately 3.7%, from 476.1 in 1995 to 458.6 in 2016.
- The age-adjusted mortality rate for all cancers combined declined by 23%, from 200.5 in 1995 to 153.1 in 2017.
- In 2016, breast cancer was the most frequently diagnosed cancer in females, representing 29% of all their cancers and prostate cancer was the most frequently diagnosed cancer among males, representing 24% of all their cancers.
- Melanoma increased dramatically from 1995 to 2016 among both males and females: The age-adjusted melanoma incidence rate for females more than doubled, from 8.5 to 20.0 per 100,000. Males had higher incidence rates of melanoma that increased from 14.8 to 30.1 per 100,000.
- Major decreases in age-adjusted cancer incidence rates from 1995 to 2016 were:
Colorectal cancer incidence declined by 40%.
Prostate cancer incidence declined by 33%.
- Major decreases in age-adjusted cancer mortality rates from 1995 to 2017 included:
Colorectal cancer mortality declined by 45%.
Lung and bronchus cancer mortality declined by 37% among males but remained stable among females.





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SUMMER SPOTLIGHT: WISCONSIN CANCER COUNCIL

The Wisconsin Cancer Council brings together 125 organizations from across the state to reduce the burden of cancer for everyone in Wisconsin. The Wisconsin Cancer Council helps members build capacity to address the whole cancer care continuum, such as prevention, screening, treatment, survivorship, and palliative care, and overarching goals such as health equity. The Council achieves this through resources, tools, professional development, networking opportunities, and direct member outreach.



The Wisconsin Cancer Council receives funding from the State of Wisconsin and the Centers for Disease Control and Prevention, and has staff based in Madison and Milwaukee. Working collaboratively with statewide partners, the Wisconsin Cancer Council improves the health of communities all over Wisconsin.

WHY YOU SHOULD JOIN

WI Cancer Council members enjoy:

- Our monthly newsletter, [ENGAGE](#), full of news, resources, and member events
- Our quarterly [Policy Roundup](#), to help you stay informed of cancer-related policy issues
- Email alerts when we release new infographics, issue briefs, and other tools that can advance your work
- Invitations to Cancer Council [events](#) - at no charge
- Access to our members-only Networking Directory, to identify new partners for your work
- Monthly online networking opportunities with cancer-control experts across Wisconsin

RESOURCE SPOTLIGHT

The WI Cancer Council often relies on the timely and accurate information provided by the WI Cancer Reporting System to create the tools and resources our members use. Here are two recent examples of WCRS data in action:

WI County Cancer Profiles

A user-friendly snapshot of cancer outcomes, risk factors, demographic data, and social determinants for every county in Wisconsin. Designed to increase awareness and promote thoughtful discussions about cancer's impact on WI communities.

Learn more: <https://wicancer.org/resources/county-cancer-profiles/>

HPV Fact Sheet

HPV can cause six types of cancer, and almost 600 cancer cases in Wisconsin every year. This fact sheet offers a helpful snapshot of HPV in Wisconsin and the action steps you can take to make a difference.

Learn more: <https://wicancer.org/wp-content/uploads/HPV-fact-sheet-FINAL-Jan-2019.pdf>

WISCONSIN CANCER PLAN

The WI Cancer Council's work is guided by the WI Cancer Plan - our state's master blueprint for cancer prevention and control. WI Cancer Council members each work in their own way to make progress toward the goals identified in the WI Cancer Plan. The next WI Cancer Plan will guide our state's cancer work for the next decade. The WI Cancer Plan 2020-2030 is currently in development and will be unveiled in early 2020.

How can the WI Cancer Plan 2020-2030 support your work?

**Share your input and ideas during a special webinar,
Aug. 22, from 10 am - 12 pm.**

Learn & register here:

<https://wicancer.org/guidethefuture/>





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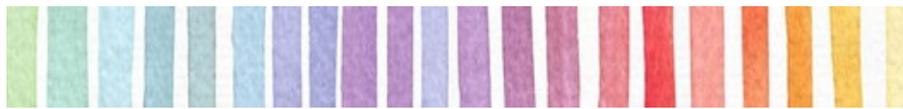
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2019 WISCONSIN CANCER SUMMIT

Each year, Wisconsin Cancer Council members and interested members of the public gather for the Wisconsin Cancer Summit (previously known as the Annual Meeting) – a day of workshops, networking, and building relationships.

The Summit is free to Council members. [Join the Council](#) for free Summit attendance and to stay informed about upcoming events, issue briefs, news, and more.

Cancer Survivorship LESSONS FROM THE FRONT LINES



Oct. 16-17, 2019

Wilderness Resort & Convention Center
Wisconsin Dells, WI

What do cancer survivors and caregivers want us to know? What does research tell us about survivor and caregiver well-being? How can we improve outcomes for cancer survivors, caregivers, families, and communities? **When we position survivors and their voices at the center of our work, new ways of approaching cancer control and prevention can emerge.**

FEATURING

KEYNOTE

Julia H. Rowland, Ph.D.

The first full-time Director of the National Cancer Institute's Office of Cancer Survivorship

Dr. Julia H. Rowland is a long-time clinician, researcher, and teacher in the area of psycho-social aspects of cancer. Dr. Rowland's work and research has deepened our understanding of the needs and experiences of pediatric and adult cancer survivors.

SURVIVOR STORIES

"Sisters We Thrive, Stories We Tell"

A film and discussion, featuring the voices of cancer survivors

In a powerful new documentary, "Sisters We Thrive, Stories We Tell," cancer survivors and health care professionals share personal stories to highlight the inequities in breast cancer screening, treatment, and access to care for black women in Milwaukee and across Wisconsin.

Join us at the 2019 Wisconsin Cancer Summit, Oct. 16-17, 2019, for a special screening of "Sisters We Thrive, Stories We Tell", followed by a Q&A with film producer/creator [Dr. Alice Yan](#) and cancer survivors featured in the film.

INVITED GUEST

Tony Evers
Wisconsin Governor and cancer survivor

To register for the 2019 Wisconsin Cancer Summit or to learn more:

www.wicancer.org/2019summit/



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SUPPORT INFORMATION

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WISCONSIN CANCER REPORTING SYSTEM

<https://www.dhs.wisconsin.gov/wcrs/reporterinfo/announcements.htm>

Thank you for your continued efforts in providing the best patient cancer information possible. Your hard work helps in the fight to reduce the cancer burden in Wisconsin.

*Thank
You*

