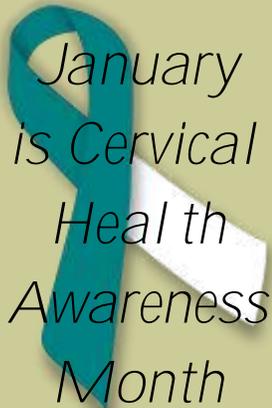


OCISS Newsletter



January
is Cervical
Health
Awareness
Month

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OCISS Updates

NAACCR v 16

As you all know by now, OCISS released a NAACCR v 16 compliant version of Web Plus on December 28. Many, many thanks to all of you for your patience with this process!

Although there are only a handful of new data fields, the major difference with this version—and the reason for the delay in implementation—is because of the changes in staging variables to be collected. Staging data requirements differ based on year of cancer diagnosis. OCISS has created an edit set that takes into account all of these differences. OCISS posts its edit set on the OCISS page on the ODH website; there is also a link to the edit set on the opening page of Web Plus. The current OCISS edit set is based on the NAACCR v 16C edit set. **Note:** We have heard that v16D will be issued early in 2017; we will review and determine if any changes are needed when it becomes available.

For those of you who have your own cancer registry software, please make sure to have your vendor install the most recent set of OCISS edits behind your system. This will help for a smooth file upload into Web Plus. For those of you who directly enter cancer reports into Web Plus, you will likely see new edit errors. We suggest that you enter a minimal amount of staging data for each case and then work through the edit errors to see which data fields are required.

Although not a requirement from our national standard setters, OCISS has decided to again collect information on tobacco history. Tobacco history had been collected in the past but was discontinued several years ago. OCISS data collection will be similar to what it had been in the past in which we were able to distinguish current users from previous users (including the type of tobacco product used) from those who never used. We would appreciate your feedback on your ability to collect these data and whether additional categorizations of tobacco use should be included.

AJCC 8th Edition Manual Distribution

Although implementation of the American Joint Committee on Cancer, Cancer Staging Manual, 8th Edition staging guidelines has been delayed until January 1, 2018, OCISS has mailed out AJCC 8th Edition Staging Manuals to those who requested them when submitting the Hospital Contact Form. If you requested a manual and have not received it, please let us know. If you haven't submitted your Hospital Contact Form, please make sure to do so.

Thank you to those who let us know that you were already purchasing these manuals for your entire cancer registry team and did not need a copy. Note that OCISS checked with several of the large companies that provide cancer abstraction services to hospitals. As those companies indicated they were purchasing books for their contracted registrars, we are not sending the manuals to hospitals that contract for these services.

Please note that AJCC has already issued several errata to the 8th Edition Staging Manual. These are available on the AJCC website: <https://www.cancerstaging.org/> (see "Cancer Staging Manual" under the "Cancer Staging System" menu).

Death Clearance

Just a 'heads up' that we expect to begin Death Clearance for deaths that occurred in 2015 by March 2017. You have all done a great job at getting your data for 2015 submitted, which allows us to move this process up earlier in the year.

NAACCR Version 16 Tips

OCISS has received feedback from reporters since the version 16 conversion, and below are some known issues and tips for clearing edit errors you may encounter as you submit abstracts.

- ◇ **TNM fields:** please note that the TNM fields are case sensitive. If you use the drop down menus in your registry software or the magnifying glass next to each of these fields in Web Plus, you will not run into any problems. However, if you enter this information manually, please make sure to pay attention to case.
- ◇ **Tumor Size Summary:** this new, required data field for all cases diagnosed 2016+ replaces the CS Tumor Size field that was collected for cases diagnosed 2004-2015. CoC hospitals may be familiar with the similar EOD—Tumor Size field. While CS Tumor Size and EOD—Tumor Size include codes for ranges of size such as code 993 for “less than 3 cm,” “greater than 2 cm,” or “between 2 cm and 3 cm,” these are NOT valid codes for the Tumor Size Summary field. Please refer to [FORDS 2016 pg 142-144](#) for detailed instructions on how to code this field.
- ◇ **Pathologic M:** a common issue we are seeing as we process abstracts is the pathologic M being left blank although pathologic staging is done (i.e. pathologic T and N are complete). If you do not have a pathologic M because there is no biopsy of a metastatic site, remember that cases with pathologic T and N may be grouped as pathologic TNM using clinical M designator (cM0, cM1 etc). [See AJCC Cancer Staging Manual 7th edition Chapter 1, Table 1.7 “M classification rules”.]
- ◇ **Blank TNM:** because there are times when a case does not meet the rules for classification for staging, TNM fields are allowed to be blank. In those cases, T, N, and M fields will be blank and stage group should be assigned as 99. [See AJCC Registrar Education Presentations “Explaining Blanks and X, Ambiguous Terminology and Support for AJCC Staging” and “AJCC T, N, and M Category Options for Registry Data Items in 2016” available at <https://cancerstaging.org/CSE/Registrar/Pages/Presentations.aspx> for more information.]
- ◇ **No AJCC schema:** for cases where there is no AJCC schema available, T, N, M, stage group, and staged by fields should all be assigned as 88.
- ◇ **Edits:** OCISS has identified some edits that are causing issues, so the following edits will be removed the next time an update is made to Web Plus, currently scheduled for January 25, 2017. Until then, if you come across these errors please resolve as follows.
 - * *Place of Death—State or Place of Death—Country, Vital Status*—this edit checks that if a patient is marked as expired, that the Place of Death—State and Place of Death-Country are filled in. You can fill in unknowns: ZZ for State and ZZU for country, or if patient expired in your facility, OH for State and USA for country in your registry software. If you are entering cases directly into Web Plus, please hold off on releasing these cases until we update the edit set in Web Plus at the end of January.
 - * *Summary Stage 2000, Regional Nodes Positive*—this edit prompts a review when Summary Stage 2000 indicates nodal involvement but the regional nodes positive field indicates no nodal involvement, and vice versa. If you have a case where these fields are correct as coded (example: there is no *pathologic* examination of regional nodes but nodes were noted on clinical examination), please set the Over-ride SS/NodesPos to clear the error.

~ Additional Tips ~

- ◇ **Bundle size:** due to heavy traffic in the usage of Web Plus at this time, please continue to limit your file bundles to no more than 250 records. You can, however, upload multiple bundles each day.
- ◇ **Bundles with edit errors:** please remember to delete a bundle you submitted that has edit errors before re-uploading the bundle after resolving the errors. You can do this in Web Plus through “Track File Uploads”, which is under the “Previous Uploads” menu. Bundle(s) with errors will have a “Delete Bundle” option under the “Actions” column. The exception is if your bundle timed out, in which case you may not be able to delete it. In that case please contact Barbara Warther at OCISS to have your bundle(s) deleted (Barbara.Warther@odh.ohio.gov, Ph: 614-644-9101).

Abstracting Tips: Death Data

For those of you who directly enter data in Web Plus, you will notice that *Vital Status* is defaulted to '1' for Alive. We also default associated fields. These include *Cause of Death*, which is coded to '0000' (Patient alive at last contact) and *ICD Revision Number*, which is coded to '0' (Patient alive at last follow-up).

If you are reporting a case and the person has died, remember to not only change *Vital Status* to '0' for Dead but to also change the *Cause of Death* and *ICD Revision Number* fields. *Cause of Death* should be coded to '7777' (State death certificate not available) and *ICD Revision Number* should be coded to '1' (ICD-10), which is the revision currently being used for coding death certificates.

As OCISS was working through edits for our Annual Call for Data to CDC, we found quite a few records with *ICD Revision Number* incorrectly coded to '9' (ICD-9). We also found records with a value other than '7777' in the *Cause of Death* field. OCISS updates *Cause of Death* when we do Death Clearance each year. We get this information from ODH's Bureau of Vital Statistics. The codes are assigned by the National Center for Health Statistics.

Site-Specific Factors Continue to be Required for 2016+ Cases

Site-specific factors (SSFs) that impact assignment of AJCC-TNM 7th Edition Stage Group or are prognostic factors will continue to be collected for cancer surveillance. Please include these in your abstracts.

OCISS has included edits that check for these SSFs in the NAACCR v16 edit set.

Source: [NAACCR 2016 Implementation Guidelines Version 1.5, Tables 1 & 2](#)

Site (CS Schema)	SSF	Description
Appendix	SSF11	Histopathologic Grading
Brain, CNS Other, Intracranial Gland	SSF 1	WHO Grade
Breast	SSF 1, 2 SSF 8, 9 SSF 11, 13 SSF 14, 15 SSF 16	ERA, PRA HER2: IHC Value & Interpretation HER2: FISH & CISH Interpretation HER2: Other Test & Summary of results Combination of ERA, PRA & HER2 Testing
GISTPeritoneum	SSF 5 and 10	Mitotic Count; Location of Primary Tumor
GIST Esophagus, GIST Small Intestine, GIST Stomach	SSF 6	Mitotic Count
GIST Appendix, GIST Colon, GIST Rectum	SSF 11	Mitotic Count
MycosisFungoides	SSF 1	Peripheral Blood Involvement
Placenta	SSF 1	Prognostic Scoring Index
Prostate	SSF 1 SSF 8 & 10	PSA Lab Value Gleason Score on biopsy & prostatectomy
Testis	SSF 13, 15, 16	Post Orchiectomy AFP, hCG, and LDH Range
BileDuctsDistal, BileDuctsPerihilar, CysticDuct, EsophagusGEJunction, LacrimalGland, LacrimalSac, Melanoma CiliaryBody, Melanomalris, Nasopharynx, PharyngealTonsil, Stomach	SSF 25	Schema Discriminator



OCISS
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Plus uploads, contact:

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Do Not Fax Issues.

Need Web Plus Password
Reset?
Contact
Debbie Mercer
Deborah.Mercer@odh.ohio.gov
614-466-7220

Ohio
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Ask OCISS

For non-analytic cases (30-37) such as when a patient comes to our facility for subsequent treatment (class of case 32, recurrent/persistent disease) or non-cancer related complaint (class of case 33, history only), should the case be reported?

OCISS only requires class of case 32 non-analytic cases from facilities if the patient's INITIAL diagnosis of cancer (NOT the disease progression/recurrence) was *within the last 24 months*. Older Class of Case 32 reports do NOT need to be reported to OCISS.

So, as we begin calendar year 2017, class of case 32 cases diagnosed prior to 2015 are not reportable to OCISS. There is one exception to this—when OCISS does death clearance. At a minimum, OCISS needs cancer reporters to confirm the cancer diagnosis and estimate a date of diagnosis for these deaths.

Please send your questions to OCISS@odh.ohio.gov with **Ask OCISS** in the subject field.

Cancer in Ohio 2016

The Ohio Department of Health, in collaboration with The Ohio State University, has recently released *Cancer in Ohio 2016*. This comprehensive report provides in-depth analysis of Ohio-specific data and information regarding cancer. The report includes statistics on primary, invasive cancer sites/types, including the average annual number and rates of new invasive cancer cases and cancer deaths in Ohio during 2009-2013, the latest five years of data available.

In addition, the report includes basic cancer facts, trends, and health disparities in specific populations. Additional information (e.g., risk factors, signs and symptoms, screening and early detection, treatment and survival) is provided for 12 specific types of cancer (bladder, breast, cervical, colon and rectum, kidney and renal pelvis, leukemia, lung and bronchus, lymphoma, melanoma/skin, oral cavity and pharynx, pancreatic and prostate cancer). Tobacco use and the role of nutrition, physical activity, overweight and obesity are also included in the report.

As an added feature, the report includes links in the table of contents that make it easier to find areas of interest in the 86-page document. We would like to express our appreciation to cancer registrars and others reporting cancer cases in Ohio in making this report possible. <http://www.healthy.ohio.gov/cancer/ocisshs/newrpts1.aspx>

Calendar of Events / Save the Date

April 5-8, 2017 (registration information available early January 2017)
National Cancer Registrars Association 43rd Annual Educational Conference
Washington, D.C.
See website for details and to register: www.ncra-usa.org

May 5, 2017
OCRA/MiCRA 2017 Spring Meeting
Ohio
More information will be announced as it becomes available
<http://www.miregistrars.org/conference.htm>

June 17-22, 2017
NAACCR 2017 Annual Conference "Breaking Barriers in Cancer Surveillance"
Albuquerque, New Mexico
See website for details and to register: naaccr2017.org