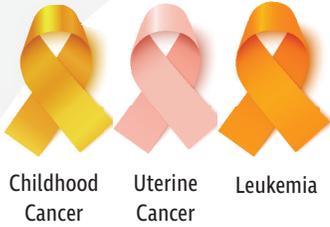




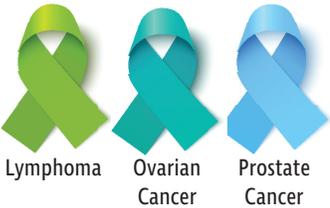
OCISS Newsletter

OCISS Updates

SEPTEMBER



Childhood Cancer Uterine Cancer Leukemia



Lymphoma Ovarian Cancer Prostate Cancer



Thyroid Cancer

Web Plus v21

The Ohio Cancer Incidence Surveillance System (OCISS) has begun testing and validating the North American Association of Central Cancer Registries (NAACCR) Web Plus Version 21 software from the Centers for Disease Control and Prevention (CDC). Thank you to reporters who have sent v21 XML files to assist with this process. We anticipate release of Web Plus v21 by the end of August. We will notify all reporters when we have upgraded and can accept both 2021 cases and XML files. Please continue to report any outstanding cases for diagnosis years 2020 and earlier.

In preparation for this upgrade, OCISS has developed its edits metafile for NAACCR v21. This file is posted to the [OCISS website](#). Release notes are included on the last pages of this newsletter. (Note that OCISS has also shared this information with cancer registry software vendors.) Please contact Kaitlin Kruger at Kaitlin.Kruger@odh.ohio.gov with questions on Web Plus v21 or edits.

Monthly/Quarterly Reporting Reminders

OCISS continues to send reporting reminders monthly and quarterly. If you are unable to report because you have either reported all cases diagnosed in 2020 and earlier and/or have converted to v21 software, please disregard the reporting reminders until Web Plus v21 is available. Note that reporters will not be penalized for delayed reporting as we work through this software transition.

Reporter Contact Information

Thank you to hospitals that confirmed their contact information this spring. OCISS will be working to follow up with non-hospital contacts this year. All facilities are encouraged to send contact and/or reporter changes to Kaitlin.Kruger@odh.ohio.gov to ensure we have up-to-date contact information.

Death Clearance

OCISS has started death certificate follow-back for diagnosis year 2019 and follow-back information was sent to hospitals (via Web Plus) in June. Please review the follow-back cases sent to your facility and return by Aug. 16, 2021. If you have questions, please contact Bill Ruisinger at William.Ruisinger@odh.ohio.gov.

OCISS Advisory Committee

To date, there have been two meetings of the OCISS Advisory Committee. Topics discussed have included 1) the ability for hospitals with their own cancer registry software to submit M (Modified) records, and 2) usefulness of OCISS data published on the Ohio Department of Health (ODH) website.

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M records will allow OCISS to receive initial case reports in a more timely manner and allow for updates with missing information, such as first course of treatment, to be submitted when available; our next step is to do a pilot. Feedback on the many reports and presentations of OCISS data ensure that we are providing information that assists in cancer prevention and control efforts.

National Childhood Cancer Registry

OCISS is participating in a project with the North American Association of Central Cancer Registries (NAACCR) and the National Cancer Institute to develop a National Childhood Cancer Registry. The purpose is a registry that includes data on children (birth through age 19) diagnosed with cancer, as well as any subsequent cancers diagnosed after age 19. Central cancer registry data will provide the base to which other datasets will be linked. This could include, for example, information on participation in clinical trials and data sources that may provide more complete treatment and survival data. The goal is to make cancer registry data more robust and useful to researchers without placing additional burden on hospital cancer registrars and other cancer reporters.

OCISS Data Evaluation

In late 2020, OCISS submitted data for cancers diagnosed from 1996-2018 to both the Centers for Disease Control and Prevention (CDC) and the North American Association of Central Cancer Registries (NAACCR). OCISS data met CDC's National Program of Cancer Registries (NPCR) National Data Completeness and Quality Standard and, as a result, OCISS is recognized as a CDC NPCR Registry of Distinction. OCISS data also met NAACCR's criteria for Gold Certification. The CDC and NAACCR evaluations assess data quality metrics for completeness, quality, and timeliness. Thank you for all the work you do to report timely, complete, and accurate data to OCISS to allow us to accomplish these goals and achieve these recognitions!

New Cancer Publications

ODH, in collaboration with The Ohio State University, recently released [Cancer in Ohio 2020](#). 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 2012-2016. In addition, the report includes basic cancer facts, trends, and health disparities in specific populations. Information on risk factors, signs and symptoms, screening and early detection, treatment, and survival is also provided for 14 specific types of cancer (bladder, breast, cervical, colon and rectum, kidney and renal pelvis, leukemia, liver and intrahepatic bile duct, lung and bronchus, lymphoma, melanoma/skin, oral cavity and pharynx, pancreatic, prostate, and uterine). Tobacco use and the role of nutrition, physical activity, overweight and obesity are also included in the report. This and other ODH cancer reports can be found on the [OCISS Data and Statistics](#) website.

The United States Cancer Statistics (USCS) website, www.cdc.gov/cancer/dataviz, includes the Data Visualizations Tool showing the official federal statistics on cancer incidence from registries based on 2020 submission data (1999-2018) and covering 99% of the U.S. population. Released in June 2021, it is produced by CDC and the National Cancer Institute. Ohio's latest cancer data (2018 and 2014-2018) can be selected and viewed via visualizations and tables on the USCS website.

ODH continues to post Cancer Stats & Facts for Ohio each month to make cancer information and data available in an easy-to-read one-page format to increase cancer awareness. Cancer Stats & Facts were posted to the ODH website banner and social media for esophageal cancer (April), brain cancer (May), and cancer survivors (June). These and previous cancer awareness fact sheets are also available on the OCISS Data and Statistics website.

Calendar of Events/Save the Date

Ohio's First Annual Childhood Cancer Summit

Sept. 16-17, 2021

For more information: [OACHC](#)

2021 Ohio Cancer Registrars Association Annual Educational Meeting

Sept. 23-24, 2021

Holiday Inn Cleveland, Strongsville, Ohio

For more information: [OCRA](#)

NAACCR Webinar Summaries

NAACCR hosts monthly webinars that provide three continuing education credits. OCISS makes these available on the Web Plus homepage. Please contact Kaitlin.Kruger@odh.ohio.gov if you need access to Web Plus. The following are abstracting highlights and tips from recent NAACCR webinars. NOTE: Some webinars cover topics in more depth than may be needed for all cancer reporters and may include data that are not collected by OCISS.

Larynx (April 2021 Webinar)

Starting with cases diagnosed in 2021, there are four Grade fields. The same codes are used for all four Grade fields – see table below.

Grade Clinical

- Information gathered during the time of clinical diagnosis and before any treatment is given.
- Based on biopsy or fine needle aspiration.
- Record as 9 if unknown; *this field cannot be blank.*

Grade Pathological

- Information from a primary tumor that has been resected.
- Includes information from “clinical” time frame.
- Record as 9 if unknown; *this field cannot be blank.*

Grade Post Therapy Clinical (yc)

- Information after neoadjuvant or systemic therapy but before surgery is performed.
- *Leave blank if not applicable.*

Grade Post Therapy Pathological (yp)

- Information from resected tumor post neoadjuvant therapy.
- Includes (yc) information.
- *Leave blank if not applicable.*

Larynx: Grade ID Table 01 – See [NAACCR Grade Coding Instructions and Tables Manual](#) pages 35-36.

CODE Grade Description

1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated, (also undifferentiated, anaplastic per notes)
9	Unknown, can't assess
Blank	Only allowed in Grade Post Therapy (yc and yp) fields

NOTE: For cases diagnosed Jan. 1, 2020, and later, [Grade Post Therapy Clinical \(yc\)](#), along with Grade Clinical, Grade Pathological, and Grade Post Therapy Path (yp), replaces NAACCR Data Item Grade [440] as well as SSF's for cancer sites with alternative grading systems (e.g., breast [Bloom-Richardson], prostate [Gleason]).

An extensive list of *Larynx Cancer Risk Factors* can be found [here](#).

Pancreas (May 2021 Webinar)

There are a few new [reportable histologies](#) and behavior code changes for pancreatic tumors beginning Jan. 1, 2021.

Reportable as of Jan. 1, 2021.

- *Pancreatic neuroendocrine tumor, nonfunctioning* (8150/3).
- *Insulinoma* (8151/3).
- *Glucagonoma* (8152/3).

Review of Exocrine Histology

Ductal adenocarcinoma (8500/3).

- More than 85% of all pancreatic cancers.
- 75% of tumors occur in the head of the pancreas.
- Arises in association with precursor lesions (PanIN, IPMN or MCN).

Acinar carcinoma (8550/3) or

Acinar cell cystadenocarcinoma (8551/3).

Adenosquamous (8560/3).

Neuroendocrine carcinoma (8041/3).

(NOT a neuroendocrine **tumor**.)

Review of Endocrine Histology

Neuroendocrine tumor (8240/3).

- Neuroendocrine tumor, grade 1.
 - Neuroendocrine tumor, well differentiated.
- Neuroendocrine tumor, grade 2* (8249/3).

Just as *Endocrine & Exocrine* pancreatic tumors have different histologies, the determination of grade for each is also different.

Review of Exocrine Grade

Determined by percentage of cells in a tissue sample that appear to be glandular.

- Grade 1 Well differentiated.
Greater than 95% of tumor composed of glands.
- Grade 2 Moderately differentiated.
50% to 95% of tumor composed of glands.
- Grade 3 Poorly differentiated.
49% or less of tumor composed of glands.

Review of Endocrine Grade

Determined by mitotic count and Ki-67 index percentage.

- Grade 1: Mitotic count (per 10 HPF) less than 2 **AND** Ki-67 index (%) less than 3.

- Grade 2: Mitotic count (per 10 HPF) equal to 2-20 OR Ki-67 index (%) equal to 3=20.
- Grade 3: Mitotic count (per 10 HPF) greater than 20 OR Ki-67 index (%) greater than 20.
- Grade A: Well differentiated.
- Grade B: Moderately differentiated.
- Grade C: Poorly differentiated.
- Grade D: Undifferentiated, anaplastic.

New SSDIs for 2021

Pancreas

CA 19-9 Pre therapy lab value [NAACCR item#3942](#).

- Only required for pancreas (schema 00280) for cases diagnosed on or after Jan. 1, 2021.
- CoC and SEER require this data item, but not OCISS.
- Must be BLANK for pre=2021 cases.

Neuroendocrine (NET) Pancreas

Ki-67 [NAACCR item#3863](#).

- Only required for NET schemas for cases diagnosed on or after Jan. 1, 2021.
- CoC and SEER require this data item, but not OCISS.
- Must be BLANK for pre=2021 cases.

See the [SSDI manual](#) for detailed information on site specific SSDIs.

2021 Abstracting Aids

The Ohio Cancer Registrars Association (OCRA) has two useful lists on their [website](#), under the "Resources" menu. You do not need to be an OCRA member to access these resources.

- The "[2021 Dx Year](#)" page lists free trainings such as webinars on ICD-O-3.2, SSDI, Solid Tumor Rule updates, and information on hands-on training available through SEER*Educate. Those marked with stars are highly recommended.
- Even if your facility is not yet abstracting 2021 cases, please note there were several updates to cancer registry manuals that apply for cases diagnosed on or after 2018. In most cases there is no need to go back to review already completed cases. A list of manuals with date of last update can be found on the OCRA website "[Abstracting](#)" page.

OCISS Staff Coding Tips

- **Implementation Guidelines:** [NAACCR 2021 implementation guidelines Appendix C](#) has a list of data items that have moved from STORE to SEER/NAACCR or are no longer required.
- **The Physical Exam text field is important for documenting demographic information:** Beginning with v21, if the physical exam text is left blank, you will see this message: *"PE text cannot be blank, document age, gender, race, ethnicity and relevant hx and findings (OCISS)."* You will not be able to release/submit the abstract until the PE text field contains text. Please double-check that the patient demographic information in the text matches what is coded on the abstract. Example: *"PATIENT IS A (AGE) YO WHITE/BLACK, MALE/FEMALE WHO PRESENTED WITH AN ABNORMAL APPEARING LESION ON THE RIGHT FOREARM."* Also use this field to document tobacco history.
- **Multiple Primary/Histology and Solid Tumor Rules do NOT apply to metastases:** Each Multiple Primary Rule begins with a note that reads, *"These rules are NOT used for tumor(s) described as metastases."* This means that a tumor in a metastatic site is not counted when deciding which module to use in the Multiple Primary Rules (Unknown if Single or Multiple Tumors, Single Tumor, or Multiple Tumors). For more information refer to the [SEER Solid Tumor Manual](#).
- **Patient Address Fields Reminder:** When reporting patient *Address at DX* ([NAACCR, item 2330](#)) the *Addr at DX—No & Street* field is intended for street address information for the patient's physical, residential address. A P.O. Box mailing address should only be recorded when no other address information is available. Use UNKNOWN only if the patient's address is not known. The *Addr at DX—Supplemental* field should provide any additional address information such as the name of a facility or an apartment number. If there is no supplemental information, leave the field blank.

Example:	Incorrect
Address at Dx	
Addr at DX-No & Street	321 MAIN ST #1B
Addr at DX-Supplementl	
Addr at DX-City	ANYTOWN
Addr at DX-State	OH-Ohio

Correct	
Address at Dx	
Addr at DX-No & Street	321 MAIN ST #1B
Addr at DX-Supplementl	APT 1B
Addr at DX-City	ANYTOWN
Addr at DX-State	OH-Ohio

See further description on pages 35-36 of the [SEER Manual 2021](#).

- Unusual Follow-Up Method Field Clarification:** OCISS has recently received cases from facilities with their own cancer registry software with data in the *Unusual Follow-Up Method* field ([NAACCR item 1850](#)). If your facility is populating this data field, either manually or automatically behind-the-scenes, please contact Lynn Giljahn at Lynn.Giljahn@odh.ohio.gov to let her know what the values mean. If you are not using this data field, please submit as a blank or with '00.'
- Sequencing verification:** When a patient is diagnosed with a malignant cancer following a benign CNS tumor (sequence beginning with "60"), the sequence for the invasive cancer is NOT "02." This is not the patient's second invasive cancer — it is their *first* and therefore should be sequenced as "00." See [NAACCR item 560 sequencing table](#) or pages 75-76 of the [Store Manual](#) for further clarification.

OCISS Contact Information

OCISS Staff	Contact for questions on:	Contact Information
Alice Daugherty, CTR	CNS, Hematopoietic Neoplasms, Sinuses, Thyroid	Alice.Daugherty@odh.ohio.gov
Jamie Fike	Lung, Stomach, Esophagus	Jamie.Fike@odh.ohio.gov
Rebecca Levings, RHIT	Colorectal, Anus, Liver, Kidney	Rebecca.Levings@odh.ohio.gov
Debbie Mercer, CTR	Soft Tissues, Bone, Female Genital Organs	Deborah.Mercer@odh.ohio.gov
Bill Ruisinger, CTR	Testis, Genitourinary System, Head and Neck, Peripheral Nerves	William.Ruisinger@odh.ohio.gov
Sheri Stuckey	Breast	Sheri.Stuckey@odh.ohio.gov
Cyndi Worden	Prostate, Penis, Pancreas, Skin	Cynthia.Worden@odh.ohio.gov
Roberta Slocumb	Data Requests	Roberta.Slocumb@odh.ohio.gov or 614-995-5972
Kaitlin Kruger	Web Plus Access, Password Resets	Kaitlin.Kruger@odh.ohio.gov or 614-728-2304
Jeremy Laws, CTR	Cancer Reporting	Jeremy.Laws@odh.ohio.gov or 614-644-9101
Lynn Giljahn	General Registry Questions	Lynn.Giljahn@odh.ohio.gov or 614-644-1844
OCISS	General Information	OCISS@odh.ohio.gov or 614-752-2689