



Department of
Health

April 2025

OCISS Quarterly Newsletter

Ohio Cancer Incidence Surveillance System

Awareness Months



March

*Multiple Myeloma
Cancer Awareness Month*



March

*Kidney Cancer
Awareness Month*



March

*Colorectal Cancer
Awareness Month*



April

*Head and Neck Cancer
Awareness Month*



April

*Esophageal Cancer
Awareness Month*



April

*Testicular Cancer
Awareness Month*



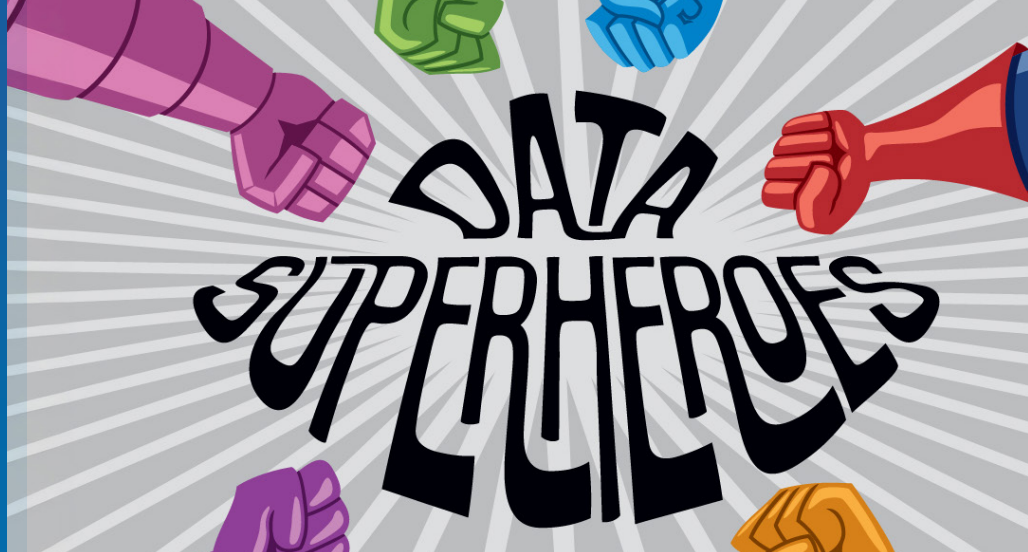
May

*Skin Cancer
Awareness Month*



May

*Brain Tumor
Awareness Month*



OCISS Updates

National Cancer Registrars Week

National Cancer Registrars Week is April 7-11, 2025.

This year's theme is Data Superheroes, a theme that speaks to the incredible individuals that make the cancer registry profession vital to the fight against cancer. Cancer registrars collect data that provides essential information to researchers, healthcare providers, and public health officials to better monitor and advance cancer treatments, conduct research, and improve cancer prevention and screening programs. There would not be cancer surveillance without cancer registrars, their extensive knowledge, and the quality data they generate. OCISS is grateful for the important work cancer registrars do every day!

Ohio Governor Mike DeWine and Lieutenant Governor Jim Tressel signed a proclamation recognizing National Cancer Registrars Week and the important work performed by Oncology Data Specialists across the state.

Cancer Reporting in 2025

At this time, OCISS cannot accept data for cases diagnosed in 2025 or NAACCR Version 25 (v25) formatted files. OCISS will be upgrading Web Plus to v25 to accept these cases and files. The Centers for Disease Control and Prevention (CDC) indicated Web Plus v25 should be available this spring and OCISS plans to implement Web Plus v25 by July 2025. We will keep you posted about our timeline and notify reporters of any major changes in reporting. We appreciate your patience as we complete this software conversion. Additionally, we understand the 2025 software upgrade may impact your reporting timeliness and/or your ability to report within six months of diagnosis or date of first contact.

For hospitals with their own registry software, OCISS will be able to accept v24 and v25 files when we update Web Plus to v25. If you update to v25 before OCISS does, and are no longer able to export v24 files, then you can put your reporting on hold until the OCISS conversion is complete. We understand that you may need to complete the v25 upgrade for other purposes, so please keep us posted on your v25 software conversion and notify OCISS of any delays in reporting. Please contact Kaitlin Kruger (Kaitlin.Kruger@odh.ohio.gov) with any questions that you may have.

Modified (M) Record Reporting

Just a reminder that the annual submission of M records is in July. In July, we expect M records to be submitted for updated cases with a date of first contact in 2023 or 2024. We understand the M record submission may be delayed due to the v25 upgrade. If you have any questions or concerns about M record reporting, please contact Kaitlin Kruger (Kaitlin.Kruger@odh.ohio.gov).

Registry Recognition Program

Timely reporting of cancer is becoming increasingly important at all levels of the cancer surveillance community. For this fall's data submission, OCISS data must be 95% complete for diagnosis year 2023 and 90% complete for diagnosis year 2024 for Ohio to earn the CDC's National Program of Cancer Registries (NPCR) Registry of Excellence recognition. Last year, OCISS created and shared a quarterly timeliness report for hospitals to use to monitor their facility's timeliness. This year, OCISS will recognize hospital registries that meet timeliness goals. Criteria for each of the awards are listed below.

Gold Award: Awarded to hospital registries with at least 90% of expected records for diagnosis year 2024 submitted to OCISS by Sept. 1, 2025.

Silver Award: Awarded to hospital registries with 80 to 89% of expected records for diagnosis year 2024 submitted to OCISS by Sept. 1, 2025.

Hospital registries that make a meaningful improvement in their timeliness will also be recognized.

While the registry recognition program is focused on data for diagnosis year 2024, completeness of data for diagnosis year 2023 is critical. For facilities that are not yet complete for diagnosis year 2023, that is the higher priority at this time. Please contact Emily Bunt (Emily.Bunt@odh.ohio.gov) if you have any questions.

OCISS Data Available on the Data Ohio Portal

End-of-year OCISS datasets have been updated with data from 2022 on the Data Ohio Portal (DOP). Users with access to end-of-year datasets will automatically have access to data from 2022. Ohio's local health departments and researchers with approval from the Ohio Department of Health's (ODH) Institutional Review Board (IRB) can request access to these datasets on the DOP.

In addition, there are four publicly available report builders containing aggregate data available on the DOP. Please direct questions about accessing OCISS data on the DOP to Roberta Slocumb (Roberta.Slocumb@odh.ohio.gov).

OCISS Article Published in the Journal of Registry Management

An article on OCISS' experience implementing and evaluating modified record reporting, written by Kaitlin Kruger, OCISS Data Administration Manager, and Emily Bunt, OCISS Registry Manager, was published in the North American Association of Central Cancer Registries (NAACCR) special edition of the



National Cancer Registrars Association (NCRA) [Journal of Registry Management](#). Modified record reporting is a new reporting method that allows cancer reporters to provide updated information after a report is submitted. Modified record reporting has improved Ohio's registry operations. Ohio's cancer data is more complete and reported more quickly as a result of modified record reporting.

Fundamental Learning Collaborative for the Cancer Surveillance Community (FLccSC)

The FLccSC learning portal is now back up and functional! OCISS offers free access to educational offerings via FLccSC for Ohio reporters and Ohio students. All NAACCR monthly webinars released from January 2020 to current are posted in FLccSC along with presentation slides, handouts, and a link to the associated continuing education quiz. Occasionally we will also share on FLccSC training presentations from other states that may be of interest to Ohio reporters. Current FLccSC users will need to reset their password. New users are also welcome to enroll using their facility or school email address showing they are an Ohio reporter or Ohio student. The Ohio FLccSC portal can be accessed [here](#).

New Cancer Publications

Ohio Department of Health (ODH) has recently posted new reports to the [OCISS Data and Statistics page](#).

Ohio Annual Cancer Report 2025

[This report](#) provides a summary of cancer incidence and mortality data for the state of Ohio, with a focus on cancer diagnoses and deaths during 2022. Cancer data by sex, age group, race/ethnicity, stage at diagnosis, and county of residence in 2022 are provided. The information in this report can be used by public health professionals, policymakers, researchers, and others to develop, implement, and evaluate cancer prevention and control activities, support cancer-related research, and inform Ohioans of the cancer burden in the state.

New Site-Specific Cancer Profiles:

Each report provides detailed information about a specific type of cancer, with Ohio-specific information on cancer incidence and mortality (by age group, sex, and race), trends, histology, survival, risk factors, and signs and symptoms. The new profiles include:

- **Bone and Joint Cancer in Ohio 2025.**
- **Kidney and Renal Pelvis Cancer in Ohio 2025.**

They can be found under the Site-Specific Cancer Profiles tab on the OCISS Data and Statistics page. There is also a one-page fact sheet on Kidney and Renal Pelvis Cancer available under the Ohio Cancer Stats & Facts tab.

OCISS Data Use by Researchers

OCISS data are requested by many researchers each year. To obtain access, researchers must submit an application to the ODH Institutional Review Board (IRB). The ODH IRB is a group of individuals from various State of Ohio agencies who review any research involving human subjects that uses any State of Ohio data. This information can be found at <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/institutional-review-board>.

Since the last OCISS newsletter, there has been one new IRB-approved study using OCISS data.

- **Virtual Pooled Registry-Cancer Linkage System (VPR-CLS) Phase II linkage for the Continuation of Long-term Follow-up of Males and Females Exposed to Diethylstilbesterol (DES) In Utero.** The Primary Investigator (PI) is Rebecca Troisi, Sc.D., MA, from Westat (under contract to the National Cancer Institute). The purpose of this study is to assess the risk of cancer in males and females who were exposed to DES in utero. This study will use data collected via the NAACCR VPR-CLS and National Death Index Plus searches.



Cancer Registrar Training & Education

Below are some important, upcoming conferences and training events.

2025 NCRA Annual Educational Conference

May 3-6, 2025

This is a hybrid event welcoming both in-person and virtual conference attendees.

The National Cancer Registrars Association will hold its 51st Annual Educational Conference at the Renaissance Orlando at SeaWorld®. Attendees will have the opportunity to earn 20+ CEs needed to maintain the ODS credential; American Health Information Management Association (AHIMA) CEUs will be submitted for approval. For more information, resources and registration, please visit the [NCRA website](#).

NAACCR 2025 Annual Conference

June 3-5, 2025 | Hartford, CT

The NAACCR 2025 Annual Conference will allow attendees to share ideas and learn from national experts in cancer surveillance, cancer registry operations, and cancer research. Sessions will explore emerging topics in cancer surveillance from multiple perspectives in North America. For more information, visit the [conference website](#).

Ohio Cancer Registrars Association 55th Annual Educational Conference

Sept. 25-26, 2025 | Fairborn, OH

The OCRA Annual Meetings are held on a rotating schedule, traveling around to all of our state regional association homes over the course of six years. The 2025 meeting will be hosted by the Miami Valley Cancer Registrars Association; the agenda will be shared at a later date.



NAACCR Webinar Offerings

NAACCR hosts monthly webinars that provide three continuing education credits approved by NCRA. OCISS makes these available free for cancer reporters via Web Plus and the Fundamental Learning Collaborative for the Cancer Surveillance Community (FLccSC) platform. For Web Plus access, contact Kaitlin Kruger (Kaitlin.Kruger@odh.ohio.gov). To create an account in FLccSC, visit the [FLccSC student page](#), click “New Users-Register here,” and complete the registration form. Under “How do you categorize yourself?” please select “Ohio Student.”

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.

Unusual Sites

Paragangliomas are neuroendocrine tumors that form near blood vessels and nerves outside of the adrenal glands.

- These tumors can also be called extra-adrenal pheochromocytomas.
- Paragangliomas are included under the Head and Neck Solid Tumor Rules.
- Always code the primary site noted by the physician. If the primary site is not stated or is unclear, and the histology term does not have a specific site noted in Table 9, code to autonomic nervous system, C479.
- Paragangliomas diagnosed Jan. 1, 2021, or after are considered malignant (/3) behavior and the term ‘malignant’ is no longer required to be present to assign malignant behavior, unless it is otherwise stated by the pathologist.

Gastrointestinal stroma (GIST) is a rare type of soft tissue sarcoma.

- These tumors develop within the muscle layer of the gut rather than mucosa.
- GISTs are quite often found incidentally.
- Over half of all GISTs occur inside the stomach.

Thymoma is a rare tumor that forms on the thymus gland. The thymus gland is part of the lymphatic system and helps produce, store, and transport white blood cells.

- Thymoma and thymic carcinoma develop from epithelial cells.
- Unlike thymic carcinomas, thymomas grow slowly and are unlikely to spread beyond the thymus.
- Thymoma, NOS cases diagnosed prior to 2021, are not reportable.

Hematopoietic (Part Two)

- Do not assume the lymphoma originated in the biopsied lymph node chain. Providers will usually biopsy the most accessible lymph node or other involved tissue. Use all available clinical information, especially mention of lymphadenopathy on PET or PET/CT scan and follow rules in the Hematopoietic Manual for assigning primary site.
- Imaging is critical for lymphomas; it is used to determine primary site and also to determine stage.
- Assigning histology code is based solely on the physician’s diagnosis. Do not go through the pathology report looking at genetics or immunophenotyping to determine histology. The main purpose of immunophenotyping or genetic information in the Heme Database is to help with determining diagnostic confirmation.
- Common metastatic sites for lymphoma include bone, brain, liver, lung, pleura, and bone marrow. It is rare for lymphoma to only occur in bone marrow, so check available imaging and scans. If there is a history of lymphoma and a bone marrow biopsy is positive for that lymphoma, this probably means there is progression (transformation.)

OCISS Abstracting Tips

SCENARIO: The patient had a shave biopsy of a skin lesion in 2024, followed by a punch biopsy, and ultimately a wide local excision (WLE).

QUESTION: What combination surgical code would be used since multiple surgical procedures were performed? Is there a hierarchy to follow when there are multiple skin surgical procedures?

DISCUSSION: Coding instructions bullet points say to code the total or final results and to code the most invasive procedure. Since both the shave and punch biopsies are considered surgical procedures, would the highest numerical code (punch biopsy) be the most invasive? Since these are combination surgical codes in conjunction with the WLE, and the shave biopsy would have in theory removed the majority of the tumor, should this be a code B500 (NOS procedure since both shave and punch biopsies were done), a B520 as the shave biopsy was the first procedure done, or a B530 as the punch biopsy was the final procedure and the highest numerically coded procedure (most extensive) prior to the WLE?

ANSWER: The SEER Data Quality Team with Ask A SEER Registrar responded that code B530 should be assigned. Surgical codes are listed in hierarchical order, which leads to the decision to choose the higher code in this case.

SCENARIO: Patient was diagnosed with essential thrombocythemia (ET) in 2024. Per text documentation, oncology consult and treatment plan indicated a full dose of 325mg of aspirin daily and further documented that 'aspirin dose not therapeutic for essential thrombocythemia, per SEER.' The facility submitted the abstract as not receiving any treatment at all for the malignancy.

QUESTION: Does the higher dose of aspirin nullify the coding of aspirin as other treatment for essential thrombocythemia?

DISCUSSION: SEER*RX has remarks stating the therapeutic dose for essential thrombocythemia is in the range of 70-100mg/day. Does a dose outside of this range mean it would not be considered treatment?

ANSWER: The SEER Data Quality Team with Ask A SEER Registrar responded that a low-dose aspirin regimen is the recommended dosage for essential thrombocythemia, which is anywhere between 70-100 mg/day, with 81 mg being the most common. However, since the oncologist felt the higher dose of 325 mg/day was more appropriate for this patient, you would code as treatment.

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