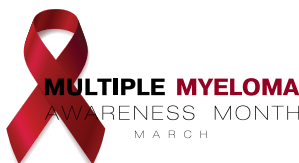
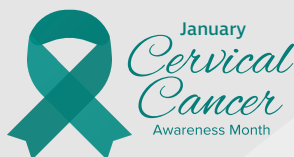


OCISS Newsletter



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OCISS Updates

Annual Call for Data

OCISS recently submitted its Annual Call for Data to CDC and NAACCR for diagnosis years 1996-2019. Our case completeness and data quality appear to be good – we will get confirmation from CDC and NAACCR in the spring. Thank you for all you do to submit accurate and complete data to OCISS!

Close Out

OCISS has started the close out process for cancer cases diagnosed/treated in a hospital in calendar year 2020. If your facility has not already done so, please complete the Close Out 2020 survey [available here](#). We need this information from all hospitals, even if you have not completed your 2020 reporting. Knowing the status of all reporters is important to OCISS operations. The survey also asks for information about when your facility (if you have your own cancer registry software) will be converting to NAACCR v22. This information will be used to plan Ohio's release of Web Plus v22.

Reminders for Web Plus File Uploaders

The maximum file size for hospital submissions is 250 abstracts. Files larger than 250 abstracts create issues for other Web Plus users when uploading. If you have more than 250 abstracts to submit, please split into separate files and upload separately.

- File uploads are expected to be 100% edit error free.
- All file submissions must have a unique name. The filename should contain your hospital name, date of export, and reflect the number of files being submitted if you upload more than 1 file at a time.
- If you also report to Commission on Cancer (CoC) and would find it beneficial to distinguish your CoC file from your OCISS file, you can include that in your filename, too.
- For questions about file submissions, please contact Kaitlin Kruger at (Kaitlin.Kruger@odh.ohio.gov or 614-728-2304).

Hospital Contact Lists

We have posted information on the [Web Plus](#) home page with points of contact for each of our hospital reporters. We hope you find this information useful. We will be confirming reporter information and Web Plus user accounts in early 2022 and will update the contact lists as changes are received.

OCISS Updates continued

Web Plus User Manuals

OCISS has updated the Web Plus user manuals. These are available on the reporting page of our website: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-cancer-incidence-surveillance-system/Reporting-Ohio-Cancer-Incidence-Data>. They can also be accessed within Web Plus on the landing page (log in to Web Plus, click any of the links under your facility name, and the following page will have the manuals listed). There are three manuals based on how you report to OCISS and what type of facility you report for: *File Upload*, *Hospital Abstracting*, *Non-Hospital Abstracting*. Please use these manuals as a resource when working in Web Plus. If you have any questions about Web Plus or these manuals, please contact Kaitlin Kruger (Kaitlin.Kruger@odh.ohio.gov or 614-728-2304).

OH Tobacco History Field and Edit

In v21, OCISS created an edit for the OH Tobacco History field. This edit was created to ensure incoming abstracts, diagnosed 2016 and later, had the OH Tobacco History field completed. However, several hospitals have alerted us they are seeing the OH Tobacco History field edit within their software on cases they have previously submitted to OCISS. We are *not* asking users to go back to these older abstracts and complete the OH Tobacco History field. OH Tobacco History field only needs to be completed on newly submitted abstracts. OCISS will be re-evaluating this edit when we release NAACCR v22 software. In the meantime, reporters can ignore the edit on older cases, though we have heard that some facilities are making a global change to their database (for example, coding the field on older cases to '9', unknown).

Cancer Reporting in 2022

Data collection requirements for diagnosis year 2022 have recently been released by national standard setters. Please note, at this time, **OCISS cannot accept cases diagnosed in 2022 or v22 format**. OCISS will be upgrading Web Plus to v22 in 2022 to accept these cases and files. We have heard from the CDC that Web Plus v22 should be available in early 2022. We will keep you posted about our timelines and progress. We appreciate your patience as we complete this software conversion. For hospitals with their own software, OCISS shared the v22 reporting information with all the hospital software vendors in October (Ohio's XML User Dictionary and Ohio's v22 Edit Metafile). We received confirmation from the software vendors that they have the necessary materials to develop v22 for

hospitals. We ask that you continue to keep us posted on your v22 software conversion and notify OCISS of any delays for reporting. For more information about the standard changes for v22, please see NAACCR's reference page: <https://www.naaccr.org/v22referencepage/>. For v22 questions, please contact Kaitlin Kruger (Kaitlin.Kruger@odh.ohio.gov).

Childhood Cancer

OCISS has been invited to participate in two initiatives related to childhood cancer:

- The CDC STAR Project is aimed at increasing the timeliness in reporting of childhood cancer. This project stems from the Caroline Pryce Walker (daughter of former Ohio Representative Deborah Pryce) Act that was enacted into law in 2008 and reauthorized in 2013 and the STAR Act that was signed into law in 2018. The STAR act addresses four major concerns facing the pediatric cancer community: survivorship, treatment, access, and research (STAR). Ohio is one of eight states invited to participate in this project. We are approaching this project by evaluating receipt of M (modified) record reporting from hospital cancer reporters that file upload and data feeds from Ohio's health information exchanges.
- Establishment of a National Childhood Cancer Registry (NCCR), which is being coordinated by the National Cancer Institute. Ohio is one of six non-SEER registries invited to participate in this project. The NCCR will include data on children and young adults, birth through 19 years of data (as well as any subsequent cancers). The purpose of the NCCR is to improve survival from childhood cancer and enhance the ability to support research on children with cancer.

Fundamental Learning Collaborative for the Cancer Surveillance Community ("FLccSC")

OCISS is happy to offer access to the FLccSC portal to all Ohio reporters. Reporters can access all NAACCR Monthly Webinars released from January 2020 to December 2021 in FLccSC. Materials from the 2020 OCRA Annual State Meeting are also available in FLccSC. These and other educational materials will be added to FLccSC going forward. To create a user account, 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." For questions, please contact Jeremy Laws (Jeremy.Laws@odh.ohio.gov, 614-644-9101).

OCISS Transitions

Congratulations to Debbie Mercer, who retired from OCISS in December 2021. Alice Daugherty is planning to retire in January 2022. We are grateful for all their contributions to OCISS and wish them the best wherever their future plans take them! In light of Debbie's departure, please contact Jeremy Laws (Jeremy.Laws@odh.ohio.gov, 614-644-9101) for all training and abstracting questions.

New Cancer Publications

Colon and Rectum Cancer Report: ODH has released *Colon and Rectum Cancer in Ohio 2021* (October 2021). This report includes Ohio-specific information on cancer incidence and mortality, trends, stage at diagnosis, survival, risk factors, signs and symptoms, and screening. ODH's published cancer reports can be found on the [OCISS Data and Statistics](#) website.

Cancer Stats & Facts: ODH continues to post *Cancer Stats & Facts* for Ohio to make cancer information and data available in an easy-to-read one-page format and to increase cancer awareness. Ohio-specific data are provided for cancer incidence, cancer deaths, survival, and early detection. *Cancer Stats & Facts* were posted to the ODH website main-page banner and social media for breast cancer in October, stomach cancer in November, and cancer in urban and rural areas in December 2021. These and previous cancer awareness fact sheets in 2020 and 2021 are also available on the OCISS [website](#).

OCISS Data Use by Researchers

The ODH Institutional Review Board (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. OCISS provides data for many on-going research projects that have ODH IRB approval. There have not been any new IRB-approved studies using OCISS data since our last newsletter. (See: <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/institutional-review-board> for more information.)

Cancer Registrar Training Opportunities

National Cancer Registrars Association Annual Education Conference

April 6-9, 2022

Washington, D.C.

For more information visit the [NCRA website](#).

National Cancer Registrars Association (NCRA) posts information on training webinars on [NCRA's Events page](#), including an upcoming CTR Exam Prep series, beginning January 18, 2022.

North American Association of Central Cancer Registries Annual Conference

June 14-16, 2022

Boise, Idaho

For more information visit the [NAACCR website](#).

2022 Ohio Cancer Registrars Association Annual Educational State Meeting

Sept. 15-16, 2022

Nationwide Hotel and Conference Center, Lewis Center, Ohio

For more information visit the [OCRA website](#).

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 (Kaitlin.Kruger@odh.ohio.gov or 614-728-2304) 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.

Uterus (October 2021 Webinar)

There are new HPV associated histologies for cervix (C53.9) cases, diagnosed 2022 and *forward* ONLY.

- 8085/3 Squamous cell carcinoma, HPV-associated (C53._).
- 8086/3 Squamous cell carcinoma, HPV-independent (C53._).
- 8310/3. Adenocarcinoma, HPV-independent, clear cell type (53._).
- 8482/3 Adenocarcinoma, HPV-independent, gastric type (C53._).
- 8483/3 Adenocarcinoma, HPV-associated (53._).
- 8484/3 Adenocarcinoma, HPV-independent, NOS (53._).

Other reminders:

- **P16** lab results can be found in the Immunohistochemistry (IHC) section of the pathology report.
- **Cervix Sarcoma Schema ID 00528** is a new schema for 2022 and forward, and also applies to 2021 cases. CoC hospitals will need to go back and do a manual review on 2021 cases.
- When coding surgery of the Cervix Uteri, a D&C is coded as an incisional biopsy for invasive cancers **only**. If the behavior is in situ, use surgery code 25.

Bladder (November 2021 Webinar)

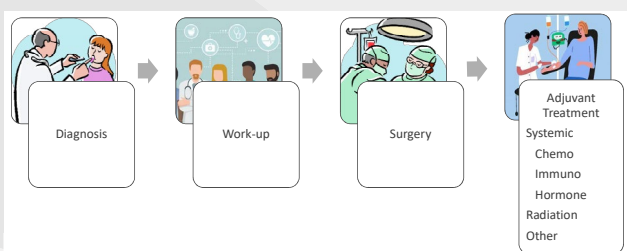
It is essential to review the [SEER Solid Tumor Rules 2022](#) regarding multiple primaries when documenting bladder tumors.

- *M/P Rule M5*, (p. 334): Abstract as a single primary when synchronous tumors are noninvasive in-situ/2 flat urothelial carcinoma 8120/2 in the following sites, Bladder C67_ and one or both of the ureter(s) (C66.9).
- *M/P Rule M8*, (p. 321, Table 2): Abstract as multiple primaries when the patient has micropapillary urothelial carcinoma 8131/3 and a urothelial carcinoma 8120/3, (including papillary 8130/3).
- *Rule H1* (p. 344), *Rule H6* (p. 345): When assigning histology, ignore squamous cell carcinoma when combined with urothelial carcinoma.

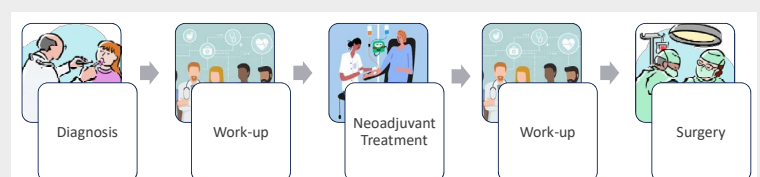
Treatment (December 2021 Webinar)

This webinar discussed treatment plans and timelines. It also highlighted important tips when coding *Date of 1st Course of Treatment*. A treatment plan describes the type(s) of therapies intended to modify, control, remove, or destroy proliferating cancer cells. A treatment plan is either *Curative or Palliative*.

Typical Therapy Timeline



Neoadjuvant Therapy Timeline



If first course of treatment was provided, the Date of 1st Course of Treatment ([NAACCR item #1270](#)) is the earliest of:

- Date of First Surgical Procedure ([NAACCR item #1200](#)).
- Date Radiation Started ([NAACCR item #1210](#)).
- Date Systemic Therapy Started ([NAACCR item #3230](#)).
- Date Other Treatment Started ([NAACCR item #1250](#)).

If no treatment is given, record the date of the decision not to treat, the date of patient refusal or the date the patient expired if the patient died before treatment could be given.

If active surveillance “watchful waiting” was selected, record the date of that decision. Remember: watchful waiting or active surveillance is considered a form of treatment.

OCISS Staff Coding Tips

Implementation Guidelines Revision for v22:

The 2022 implementation guidelines for cases diagnosed 1/1/2022 and forward are now available on the [NAACCR website](#).

- Note: For CoC hospital registrars abstracting 2021 cases now: when documenting p16 status (especially for cervix cases), you *will* have to review older cases (1/1/2021 and later) when the new SSDIs are added to v22 software.
- Other sites in solid tumor rules will have some updates in 2022, minor updates to eight sites groups (see section 5.3, p. 12).
- Reportability (see section 5.4, p. 13).
- Surgery code updates for colorectal (see section 5.5, p. 14).

Melanoma in-situ Documentation Reminder:

When reporting Melanoma in-situ, the behavior code is the *behavior* of the tumor regardless of histology. The ICD-O-3 behavior code to select for Melanoma in situ is “2 Carcinoma in situ” ([NAACCR data dictionary item# 523](#)). This does not imply that the histology of the cancer is carcinoma, but merely indicates the *behavior* of the tumor is “in situ.”

Questions or suggestions for OCISS Newsletter? Please contact Jeremy Laws (Jeremy.Laws@odh.ohio.gov, 614-644-9101) or email the general OCISS inbox (OCISS@odh.ohio.gov) with subject line “OCISS Newsletter.”

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	Bone, Esophagus, Lung, Soft Tissues, Stomach	Jamie.Fike@odh.ohio.gov
Rebecca Levings, RHIT	Colorectal, Anus, Liver, Kidney	Rebecca.Levings@odh.ohio.gov
Bill Ruisinger, CTR	Testis, Genitourinary System, Head and Neck, Peripheral Nerves	William.Ruisinger@odh.ohio.gov
Sheri Stuckey	Breast, Female Genital Organs, Gall Bladder & Biliary Duct	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