

Summer 2025

OCISS Quarterly Newsletter

Ohio Cancer Incidence Surveillance System

Awareness Months



June

Cancer Survivor Month



July

Sarcoma and Bone Cancer



August

Appendix Cancer



OCISS Updates

OCISS Data Evaluation

OCISS submitted data for cancers diagnosed from 1996-2022 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 evaluation 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!

OCISS Advisory Committee

A meeting of the OCISS Advisory Committee was held May 29, 2025. OCISS staff shared updates, solicited input on changes made to the OCISS Reporting Source Manual, and provided a presentation on efforts to improve reporting timeliness and registry completeness. In addition, an update on the availability of end-of-year data and report builders on DataOhio was provided. New data reports were shared, and the Cancer Data Toolkit was reviewed. The OCISS Advisory Committee was established in 2021 to provide review, discussion, and input on a wide range of topics to OCISS. Its membership includes cancer reporters, local health department representatives, and researchers. If you are interested in joining the OCISS Advisory Committee, please contact Emily Bunt (Emily.Bunt@odh.ohio.gov).

Web Plus v25

OCISS plans to complete the Web Plus v25 upgrade in August to collect 2025 diagnoses. Please see the [Web Plus release notes](#) for more information and details on reporting changes in v25. For hospitals with their own software, the edits and dictionary for v25 are available on our webpage and have been shared with all software vendors. Please contact Kaitlin Kruger (Kaitlin.Kruger@odh.ohio.gov) for any questions regarding the v25 update.

Modified Record Submission

This year, we are asking that everyone wait to complete the annual M record submission until you have upgraded your software to v25; we understand this may cause delays. If you have any questions on M record reporting, please contact Kaitlin Kruger (Kaitlin.Kruger@odh.ohio.gov).

Unknown Race and Unknown Stage

OCISS recently followed up with facilities that reported cases with unknown race and/or unknown SEER Summary Stage. If you have not already done so, please complete and return these reports in Web Plus. Thank you for your review and follow-up!

Death Clearance

Follow-back information was sent to hospitals via Web Plus in July. If you have not done so already, please review the follow-back cases sent to your facility and return as soon as possible. Please contact Bill Ruisinger (William.Ruisinger@odh.ohio.gov) with any questions.

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 Presentations at NAACCR Annual Conference

Kaitlin Kruger, OCISS Data Administration Manager, presented at the NAACCR Annual Conference held in Hartford, Connecticut June 3-5. She presented strategies Ohio has implemented to improve 12-month cancer incidence data completeness and timeliness, and two new techniques OCISS has adopted to improve timeliness for processing non-hospital data. Both presentations were well-received by conference attendees, generating questions and discussion. Congratulations, Kaitlin!



Kaitlin Kruger, OCISS Data Administration Manager, pictured with Ruth Li, OCISS Cancer Registrar.

New Cancer Publications

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

County Cancer Profiles 2025

ODH recently updated a series of cancer profiles for each of Ohio's 88 counties, accompanied by comparisons with Ohio and the United States during the five-year period 2018-2022. The new reports display the cancer burden in each county, including the average number of new cancer cases and deaths, incidence and mortality rates, trends, and stage at diagnosis. Ohio statistics on cancer screening and risk factors are also included. Available at: [Data and Statistics | Ohio Department of Health](#) under the County Cancer Profiles 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 the [Institutional Review Board webpage](#). Please direct any questions about the studies or the process of applying to the ODH IRB to Roberta Slocumb (Roberta.Slocumb@odh.ohio.gov).

Since the last OCISS newsletter, there have been four new IRB-approved studies using OCISS data.

- **Assessing Environmental Toxic Release Impacts on Cancer Incidence in Ohio.** The PI is Christopher Woolverton, BS, MS, Ph.D. from Kent State University. This study is the dissertation of a public health student. The aim of this study is to look for correlations between the amounts of toxic chemicals released into the air or water and the rates of cancers by county in Ohio.
- **National Cancer Institute Long Term Follow-up Study of Retinoblastoma Survivors.** The PI is Lindsay M. Morton, Ph.D. from the National Cancer Institute. The purpose of this study is to examine subsequent cancers in patients who have been diagnosed with retinoblastoma, especially those who have the inherited form. Subsequent cancers are more common for those patients who have the inherited form of retinoblastoma.
- **World Trade Center Health Program Data Center (Repository).** The Primary Investigator (PI) is Andrew C. Todd, Ph.D. from Mount Sinai School of Medicine. The purpose of this study is to link cancer registry data from across the country to a cohort of individuals other than first responders who were around the World Trade Center on Sept. 11, 2001.
- **Economic Disparities in Widowhood by Race, Gender, and Marital Status: A Study of Older Adults who Lost a Partner to Cancer.** The PI is Stephanie Moulton, Ph.D. from the Ohio State University John Glenn College of Public Affairs. The purpose of this study is to see how the death of a partner to cancer economically affects the remaining partner.

Cancer Registrar Training & Education

Below are some important, upcoming conferences and training events.

Kentucky Cancer Registry Educational Workshop

Aug. 21-22, 2025 | Lexington, KY

Save the date for this upcoming in-person educational workshop. Registration information will be available soon.

Ohio Cancer Registrars Association (OCRA) 55th Annual Educational Conference

Sept. 25-26, 2025 | Fairborn, Ohio

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 on the [OCRA Annual Education Conference website](#).

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 area 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.



Boot Camp 2025

**Co-Hosts: Nancy Etzold, ODS
& Sarah Burton, ODS**

Continuing Education In-Person (CEIP) was discussed, reiterating that 8 CEIPs are required in a 4-year window. Participating in the live NAACCR monthly webinars are eligible for CEIPs but only if an application and application fee are submitted to NCRA in advance of the event. A named facilitator is required and a minimum of five registrars must all be present in person at the same location participating in the live webinar. Watching recordings of the NAACCR monthly webinars will not qualify for CEIP.

The remainder of the webinar was structured with quizzes over various topics and then reviewing the answers. Quizzes and discussions were held over the following topics: Terminology/Anatomy, Manuals/Resources, Reportability, Casefinding, Class of Case, Miscellaneous topics, Text and Text Case Scenarios.

Treatment 2025

**Co-Hosts: Wilson Apollo, ODS
& Fernanda Silva Michels, ODS**

The Pediatric Data Item Initiative was discussed whereas the Pediatric Data Collection System (PDCS) has been developed to collect pediatric staging and site-specific data item (SSDI) information. Beginning with 2025 diagnoses, select hospitals in SEER regions are required to collect the PDCS for patients aged 0-19 years and it is optional to collect for patients aged 20-39 years. Any hospital can collect PCDS as a volunteer but contact your software vendor to ensure they include the Pediatric API in your upgrade.

Different types of radiation, including characteristics and comparisons between photon and electron therapy were discussed. The design and function of linear accelerators were outlined, noting that many modern LINACS can treat with either photons or electrons.

Clinical scenarios were shared along with how to appropriately code the different phases of radiation given along with coding logic. First course treatment, treatment protocols, neoadjuvant therapy and timelines in first course treatment were shared along with an electron therapy quiz and various pop quizzes throughout the webinar.

Prostate 2025

Co-Host: Noah Reid, ODS

The webinar covered the anatomy of the prostate gland, expected work-up and associated vocabulary of prostate-specific cases. Needle core biopsies and cores examined/cores positive were discussed, in that a targeted biopsy or regional of interest is only coded as one core with references to the CANSWER Forum included. Solid Tumor Rules-Other Sites multiple primary rules and histology rules were reviewed. Pop quizzes with answers and discussions were provided to enforce the concepts. AJCC and Summary Staging along with EOD were reviewed in detail. Examples, quizzes and case scenarios were included.

Recent and upcoming NAACCR webinar topics:

- **June:** Uterus with Co-Host Janine Smith.
- **July:** Leveraging Technology to Improve Efficiency in Hospital-based Cancer Registries 2025 with Co-Hosts Kelly Merriman & Michelle Webb.
- **August:** Solid Tumor Rules 2025 with Co-Host Denise Harrison.

OISS Abstracting Tips

SCENARIO: In 2022, the patient had imaging showing a right pleural effusion, possibly obscuring underlying pathology. Repeat imaging showed a right lower lobe consolidation, suggesting pneumonia. Bronchoscopy was done, an endobronchial biopsy performed, showing superficial fragments of squamous cell carcinoma. Bronchial brushings were also performed in the same area, cytology was positive for malignant cells, specifically keratinizing squamous cell carcinoma.

QUESTION: How do we apply the rules for using most specific term versus histology/cytology priority order for this situation? 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: Solid Tumor Rules in priority order for single primaries say to use the most specific histology from either resection or biopsy. The hierarchical list of source documentation says to use tissue or pathology from primary site first, followed by cytology. There was no resection completed on this patient. The most specific histology was provided by cytology (keratinizing squamous cell carcinoma) but the histology specimen (squamous cell carcinoma) is a higher priority on the hierarchical list.

ANSWER: The SEER Data Quality Team with Ask A SEER Registrar responded to follow the Solid Tumor Rules as written by coding the histology from the tissue specimen, 8070/3 or squamous cell carcinoma.

SCENARIO: Patient was diagnosed with prostate cancer in 2023 and had a radical prostatectomy with the pathology report as follows: 118g prostate, 8.5cmx6.3cmx5.8cm. Unifocal tumor of the prostate, 5.8cm in greatest dimension. Prostatic stromal sarcoma, ungraded. Acinar adenocarcinoma, grade group 1 with Gleason Score 3+3=6 with no intraductal carcinoma identified. Final Diagnosis: Prostatic stromal sarcoma, 5.8cm in greatest dimension. Prostatic acinar adenocarcinoma, Gleason 3+3=6, grade group 1, organ-confined. Margins negative for both sarcoma and adenocarcinoma. Benign seminal vesicles with amyloid deposition.

QUESTION: Which rules would be applicable and used for both the Multiple Primary Rules and Histology Coding Rules?

DISCUSSION: With differences in origin of the tumors (mesenchymal versus epithelial) would this be considered a multiple primary, despite the pathology report being clear that it was a single tumor comprised of multiple histology types? SINQ Question 20071038 addressed prostatic sarcoma and adenocarcinoma, but that was under the prior MP/H rules, and the response was applicable for cases diagnosed between 2007-2014. At that time, it was considered to be a multiple primary case.

ANSWER: The SEER Data Quality Team with Ask A SEER Registrar responded since the pathologist indicated there is a single tumor with both sarcoma and adenocarcinoma components, a single tumor is always a single primary, and rule M2 applies. Standard setters cannot create H rules for all possible situations that may arise in path reports, but the rules address approximately 85% of cases. Neither the World Health Organization (WHO) or ICD-O have a mixed code for stromal sarcoma and acinar prostate adenocarcinoma. Per our genitourinary expert pathologist, the best option is to code adenosarcoma, or 8933/3. Rare or unusual cases require consultation with our pathology experts, so these types of cases should be submitted to Ask A Seer Registrar.

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