OHIO CANCER INCIDENCE SURVEILLANCE SYSTEM

OCISS Newsletter

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OCISS Updates

NAACCR v 18

OCISS shared communication in early June with all cancer reporters regarding upgrade of Web Plus to NAACCR v 18. CDC has not yet finalized Web Plus development; they are still waiting on information that will allow them to align primary site and TNM choices. This will be useful for cancer reporters who data enter cases directly into Web Plus. Additionally, edits have not been finalized – and these are needed to implement Web Plus both for those who data enter cases directly into Web Plus and those who file upload.

Note that when we convert to NAACCR v 18, OCISS will only be requiring those data as required by our federal funder, CDC. As an example, OCISS is not required to report Extent of Disease (EOD) to CDC so OCISS will not be requiring this information from cancer reporters. Information on what is reportable to CDC is available on the NAACCR website: http://datadictionary.naaccr.org/?c=8.

Some of the changes to national data collection standards for 2018 are impacting what cancers will be reportable to the Commission on Cancer (CoC). Note that even though some cancers may no longer be reportable to CoC, OCISS reporting rules have not changed (http://datadictionary.naaccr.org/?c=3—see NPCR column). What was reportable in 2017 continues to be reportable in 2018.

Death Clearance

OCISS sent out death certificate follow-back information to cancer reporters in mid-May. These are due back to OCISS by July 31. If you have questions on how to complete this information, please contact Bill Ruisinger at William.Ruisinger@odh.ohio.gov or 614-728-9548. Thank you to those of you who have already completed this work.

Close Out 2017

We will soon be conducting Close Out for diagnosis year 2017. This process continues to be important to assuring that OCISS data are complete. The Close Out process for diagnosis year 2016 resulted in submission to OCISS of more than 4500 additional cancer abstracts.

Training

We are again working to sponsor the second day of the Ohio Cancer Registrars Association Annual Conference, which will provide additional training on reporting of 2018 cases.

Abstracting Tips from NAACCR Monthly Webinars

NAACCR monthly webinars are posted in Web Plus. Each provides three hours of continuing education (CE) credit. CEs are available for three years after the live session is presented. NAACCR's ***site-specific*** webinars that cover Category A topics meet NCRA's Category A requirements for CTR continuing education.
The following are abstracting highlights from the last few months of NAACCR webinars. Please refer to the specific webinars and Q&A documents for more information. ***Audio Quality:*** If you experience poor audio quality when *streaming* the webinar, please download the .ARF or .WMV video file to your local computer to watch.
NOTE **that the information regarding abstraction of cases diagnosed on or after January 1, 2018 is current as of the date of the NAACCR webinar. Please keep in mind not all manuals for abstracting 2018 cases are finalized. Please refer to the finalized manuals for definitive guidance in abstracting your 2018 cases.**

Pancreas (April 2018 webinar)

- ◊ Certain lymph nodes are considered regional only for the head (infrapyloric, subpyloric, celiac) versus the body and tail (pancreaticolienal, splenic) of the pancreas.
- ◊ There are several histology changes with pancreatic cancers. When abstracting a case diagnosed in 2018, first review the 2018 ICD-O-3 Coding Table. If histology is not found, then review ICD-O-3 (purple book) and/or hematopoietic and lymphoid database and/or solid tumor rules.
- ◊ Pancreas spanned 2 chapters in SEER Summary Stage 2000, and only 1 in Summary Stage 2018 (Pancreas including NET: neuroendocrine tumors). There was 1 chapter for pancreas for AJCC 7th Ed TNM staging but 2 chapters in the 8th Ed (Pancreas—Exocrine and Pancreas—Neuroendocrine).
- ◊ Terms "abutment" and "encasement" indicate different degrees of involvement (AJCC 8th Ed chapter 28).

Directly Coded Stage (May 2018)

- ◊ This webinar covers both Summary Stage 2018 (SS2018) and AJCC 8th Ed TNM Staging.
- ◊ Purpose of Summary Stage is for standardized and stable measure over time of stage for population-based cancer registries. **That is why it applies to ALL primary site and/or histology combinations.**
- ◊ Some descriptions of extension and nodal involvement considered ***regional*** in AJCC staging may be ***distant*** in SS2018. Tip for abstracting: if a cancer-involved structure or lymph node is not found under localized or regional section of the SS2018 chapter, look for it in the distant section.
- ◊ There is no *in situ* SS2018 for sites that have no basement membrane and therefore it is anatomically impossible to have *in situ* cancer there (slide 41).
- ◊ Review the 2018 ICD-O-3 updates and the Solid Tumor Rules to make sure a correct histology is assigned so the appropriate AJCC TNM chapter is used for staging.
- ◊ Some sites have additional values that are used to assign AJCC 8th Ed TNM stage. For example: prostate (PSA, Grade Group), breast (Grade, HER2, ER, PR status) and esophagus/squamous cell (Grade, Location).
- ◊ TNM stage is evaluated at 4 timeframes: clinical exam (cTNM), after surgical treatment (pTNM), restaging after pre-treatment or recurrence (rTNM) and autopsy (aTNM). Note that there are site-specific definitions of what is included in these timeframes.
- ◊ If patients have distant metastasis, they will have a stage regardless of the T & N categories.
- ◊ Blank is appropriate when the case does not qualify for clinical / pathological / post-therapy staging (i.e. rules of classification have NOT been met).
- ◊ Blank is also appropriate if work-up was done but the ***registrar*** does not have access to the information for staging.
- ◊ If an adequate work-up was NOT done or work-up was done but the ***physician*** does not have the information necessary to assign TNM, use X.

NAACCR 2018 New Grade and Radiation Coding Rules Webinars

◊ Grade— the latest 2018 Grade Manual can be downloaded from: https://apps.naaccr.org/ssdi/list/.

⇒ Former Grade data item has been expanded into Grade Clinical, Grade Pathological, Grade Post-therapy, with similar timeframes as AJCC TNM staging (no change in time frame for 8th Ed).

♦ Never will all 3 grade data items be collected on one case, as you cannot assign both a pathological and a post-therapy grade on the same case.

⇒ Review pages 18-34 of the Grade manual for introduction, important background information, and coding instructions and guidelines.

⇒ Grade tables may have a combination of numerical and alphabetic codes, along with historical grade definitions. The numerical codes 1-5 are reserved for AJCC TNM 8th Ed site-specific grade definitions. Some grade codes are specific to *in situ* or invasive cancers (ex. breast). Review the notes for hierarchy and priority assignment of grade codes.

⇒ Grade for hematopoietic and lymphoid neoplasms is NO LONGER COLLECTED for cases diagnosed on January 1, 2018 or later (code 8, not applicable). Only exception is ocular adnexa lymphoma (AJCC 8th Ed Chapter 71).

⇒ For schemas with no corresponding AJCC chapter, grade is still coded using a generic grade table.

⇒ Mapping/Crosswalk (pages 32-33 of the manual) may be used when grade is NOT stated in medical records AND 1) cancer uses a 4-grade system AND 2) grade code table *includes* generic categories with alphabetic codes A-D; then, descriptive grade terms may be mapped/crosswalked to code one of the alphabetic codes A-D.

⇒ If there is only one grade available and it cannot be determined if it is clinical or pathological, assign it as a clinical grade and code unknown (9) for pathological grade and blank for post-therapy grade.

⇒ If the clinical grade is the highest grade identified, use the grade that was identified during the clinical time frame for both clinical grade and pathological grade when those timeframes are applicable to the case.

⇒ Clinical grade is ***never*** used for post-therapy grade.

◊ Radiation— descriptions and codes for the new radiation data items will be part of the STORE manual. They can also be viewed in NAACCR's data dictionary: http://datadictionary.naaccr.org/default.aspx?c=10

⇒ For cases diagnosed on January 1, 2018 or later, up to 3 phases of radiation treatment can be documented.

⇒ Unlike other data items in v18 such as site-specific data items (SSDIs) and AJCC TNM 8th Ed data fields, where the data fields will be blank on pre-2018 diagnosis year cases, radiation treatment data from pre-2018 will be converted in the corresponding radiation fields for 2018 and later cases.

⇒ A new "phase" of radiation starts when there is a change in target volume, treatment fraction size, modality, or treatment technique. Changes in one or more of these indicate a new radiation plan.

⇒ Treatments are documented in separate "phase" data fields if they are directed to a different body site or if there is a change in the target volume, treatment fraction size, modality, or technique.

⇒ Information historically recorded in Rad—Treatment Volume will now be recorded in phase-specific data items radiation primary treatment volume and radiation to draining lymph nodes. This field is **not** required by OCISS.

⇒ Regional Treatment Modality, which included a mix of planning and delivery techniques, will now be collected in phase-specific, mutually exclusive data items: radiation treatment modality (required to be reported to OCISS) and radiation external beam planning (not required by OCISS).

⇒ Data items that are cumulative across all phases of radiation treatment include: number of phase of radiation treatment to this volume, radiation discounted early, and total dose.

Tentative upcoming NAACCR 2018 educational webinar topics include: Summary Stage 2018, Overview v18 Metafile, and SSDIs in depth.

Ohio Cancer Incidence Surveillance System

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AJCC 8th Edition Training Webinars Highlights

AJCC 8th Edition Webinars, along with critical staging clarifications documents are available at: https://cancerstaging.org/CSE/Registrar/Pages/default.aspx

Introduction & Descriptors

- ◊ Physician staging for clinical care, part of legal medical record.
- ◊ Guideline-compliant, accurate staging documented in cancer registry database as data for research purposes.
- ◊ Suffix data items for T and N categories: T(m) , T(s), N(sn), N(f).
- ◊ New grade data items for clinical, pathological, post-therapy classifications.
- ◊ 1 page guide to 8th edition staging at cancerstaging.org.

Minor Rule Changes

- ◊ All stage classifications (clinical, pathological, post-therapy) have time-frame and criteria.
- ◊ Surgical diagnostic procedures DOES NOT EQUAL surgical treatment.
- ◊ Neoadjuvant therapy must satisfy NCCN/ASCO/other guidelines.
- ◊ Microscopic assessment of nodal status is rarely not required for pathological staging: see cancerstaging.org for list of chapter exceptions.
- ◊ Microscopic evidence of just ONE distant metastatic site is needed to assign higher subcategory of pM.

Major Rule Changes

- ◊ Melanoma tumor thickness—round to nearest 10th millimeter.
- ◊ Breast tumor size >1.0-1.4 mm—round **UP** to 2 mm.
- ◊ *In situ* cancer identified during ***clinical*** time frame now cTis / cTa.
- ◊ Physicians may assign ***presumptive*** stage(s) for patient care that may not align with AJCC staging rules. Make sure to follow AJCC staging rules when assigning stage.
- ◊ Staging in database must follow staging rules (NO uncertainty rule) and blanks and unknown stage groups used when accurate to reflect factual information.

CAnswer Forum & Staging Questions

- ◊ Tips for searching and navigating CAnswer Forum.
- ◊ Reviewed staging questions from CAnswer Forum: blank versus X; multiple metastases pM1; melanoma thickness measurement; grade; diagnostic workup versus resection; neoadjuvant response; T0; cTis and pTis; *in situ* with nodal involvement; surgery versus resection; uncertainty and staging when information is incomplete.

New Cancer Publications

ODH has recently released two site-specific cancer profiles - one on Cervical Cancer and another on Kidney & Renal Pelvis Cancer. The profiles include Ohio-specific information on cancer incidence and mortality, trends, stage at diagnosis, survival, histology, risk factors, signs and symptoms, and screening. The reports are available at http://www.odh.ohio.gov/health/cancer/ocisshs/newrpts1.aspx.

Calendar of Events / Save the Date

August 16-17, 2018 | **Tri-State Regional Cancer Registrars' Meeting** | Louisville, KY
http://ohio-ocra.org/ocracalendar/ocracalendar.html

September 27-28, 2018 | **OCRA Annual Conference** | Fairborn, OH
Details and registration forthcoming: http://ohio-ocra.org/annualmtg/annualmtg.html