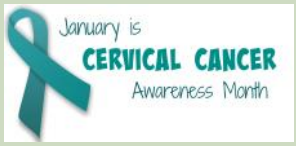
January 2020 Quarterly

OHIO CANCER INCIDENCE SURVEILLANCE SYSTEM

OCISS Newsletter



Inside this issue:

OCISS Updates

Annual Call for Data

OCISS submitted its Annual Call for Data to NAACCR in early December for diagnosis years 1996-2017; data submission to CDC for these same diagnosis years will occur in early January.

Close Out

OCISS will begin the Close Out process for 2018 data in January. We realize that most facilities are not yet done with reporting their 2018 data, but we want to get an idea how far along each is in this process.

Update Contact Lists

Also in January, OCISS will be sending out information to reporting facilities to confirm who we have listed as points of contact. We will also be including information to confirm who should have access to Web Plus.

Health Information Management Programs

OCISS plans to reach out to HIM programs in Ohio to help promote the cancer registry field. We have compiled a list of these programs and will be sharing it with our cancer reporters to make sure our list is complete. We will appreciate your review.

NAACCR Webinars

There has been a change to how NAACCR webinar materials are being made available. We are only posting in Web Plus the webinar and the certificate for continuing education credits. If you need the slides, let us know and we will see how we can make them available.

OCISS Rules

OCISS is required to review its rules every five years to determine if they should remain as is or if changes are necessary. OCISS has reached out to a subset of our hospital cancer reporters, epidemiologists at Ohio local health departments/districts, and researchers who have accessed OCISS data. Some minor changes will be put forth. OCISS will let all cancer reporters know when the public comment period is open; we will appreciate your review and feedback.

OCISS Advisory Board

The OCISS Advisory Board, whose purpose and membership were officially designated by law, was recently sunsetted. This will allow OCISS to establish an advisory group, which can include broader membership, including cancer reporters. Please email Lynn Giljahn at Lynn.Giljahn@odh.ohio.gov if you have interest in being a part of this group.

Save the Date!

NCRA Annual Educational Conference

May 31-June 3, 2020—Lake Buena Vista, Florida

More information: http://www.ncra-usa.org/Conference

NAACCR Annual Conference

June 21-26, 2020—Philadelphia, Pennsylvania

More information: https://www.naaccr.org/naaccr-iacr2019/

OCRA Annual Meeting

September 10-11, 2020—Strongsville, Ohio

More information: http://www.ohio-ocra.org/annualmtg/annualmtg.html

Abstracting Tips from NAACCR Monthly Webinars

Once a month, NAACCR hosts webinars regarding various topics for cancer registry staff. Each webinar provides three hours of continuing education (CE) credit, which are **available for three years after the live session** is presented. The site-specific webinars cover topics that meet the Category A requirements for CTR continuing education (via NCRA's "Category A FAQ" and email communication from NAACCR). This includes the boot camp and coding pitfalls webinars. The following are abstracting highlights and tips from the last few months of NAACCR webinars. Please refer to the specific webinars for more information; they are **posted on the Web Plus homepage**. If you do not have a Web Plus user profile but would like access to the webinars, please contact Jeremy Laws at Jeremy.Laws@odh.ohio.gov or (614) 644-9101.

Coding Pitfalls (Sept. 2019 webinar)

- **Colon (C18)**: When coding colon sites, follow the workflow for mixed histologies. "Differentiated" and "features of" should be coded to 8140/3 when the percent of the non-adenocarcinoma is unknown or stated as less than 50 percent of the tumor.
- **Pancreas (C25)**: Pancreatic cancer is commonly diagnosed at a late stage. Treatment at this stage is often centered around comfort care. When abstracting a late stage pancreatic cancer case, it is important to remember that palliative care is a form of treatment. The *Date of First Course Treatment* is the date that palliative care is decided or the date of the decision to not treat at all. This date will not be the patient's diagnosis date or the date that any palliative medications are administered.
- **Lung (C34)**: For lung cancers with multiple histologies, code the MOST specific histology or subtype/variant whether described as majority, predominately, minority, or component. Do NOT code based on pattern, architecture, or focus/foci/focal. Additionally, the AJCC Staging Manual 8th edition lung chapter has helpful tables (Tables 36.3 and 36.11) to help distinguish between second primary versus same primary and multiple pulmonary sites of involvement.
- **Melanoma (C44)**: When assigning melanoma surgery codes, the margins are key to determining the correct code. To determine the clear-margin distance, use the pathology report. If the distance is not available on the pathology report, but the margins are stated as clear, use the operative report to determine the distance.
- **Breast (C50)**: Tumor size should be measured to the nearest millimeter. If the tumor size is slightly less than or greater than a cutoff for a given T classification, the size should be rounded to the millimeter reading that is closest to the cutoff. For example, a size of 4.9 millimeters is reported as 5 millimeters, a size of 2.04 centimeters is reported as 2.0 centimeters. The exception to this rounding rule is for a breast tumor sized between 1.0 and 1.4 millimeters. These sizes are rounded up to 2 millimeters, because rounding down would result in being categorized as microinvasive carcinoma (T1mi - defined as a size of 1.0 millimeters or less).
- **Thyroid (C73.9)**: Remember that T suffix is required for thyroid cancer and cannot be blank. Also, if a patient is diagnosed with thyroid cancer followed by a thyroidectomy and single injection of 150 millicuries of I-131, code the Phase 1 Radiation Primary Treatment Volume as 98-other.
- **Lymphoma (C77)**: Because Non-Hodgkin's Lymphoma is being diagnosed at a later age, many patients choose to forgo treatment. This still needs to be documented in the treatment fields. However, the field for *Reason for No Chemotherapy* has been retired since 2006. To document refusal of any/all chemotherapy, *RX Summ-Chemo (Chemotherapy)* should be coded to "87-Chemotherapy was not administered; it was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in the patient record." See the STORE manual for more information.

Breast (Oct. 2019 webinar)

Please see the following for tips on coding breast site-specific data items (SSDIs).

- When coding ranges, if the range on the report uses steps smaller than 10 and the range is fully or at least 80% contained within a range provided in the table, code to that range in the table.
  - ♦ Example: Report says 1-5% --- Code R10 (1-10%)
  - ♦ Example: Report says 90-95% --- Code R99 (91-100%)
- When both **invasive and in situ components** are tested, ignore the in situ results.
  - ♦ Example: If ER is *positive* on an in situ component and ER is *negative* on the invasive component, **code ER as negative** (code 0).
  - ♦ Example: if there are in situ and invasive components of a tumor, and ER is only done on the in situ component, **code ER as unknown** (code 9).
- How to chose what to code when there are multiple results/findings for a single primary:
  - ♦ When there are multiple tumors, code the result from the **largest** tumor.
  - ♦ When there are multiple specimens from the same tumor, code the **highest, positive result**.
  - ♦ When there are multiple reports for the same specimen, code the **highest, positive result**.
- *The Allred Score* can be calculated and reported if the *Proportion* and *Intensity Scores* are available (*Proportion Score + Intensity Score = Allred Score*).
  - ♦ If either *Proportion* or *Intensity Score* are missing, the *Allred Score* cannot be calculated.
  - ♦ If *Intensity* is given as a range (2-3+), go with the higher value.
  - ♦ Statements of weak, intermediate, moderate, and strong may be used to assign the appropriate score.
  - ♦ See page 174 of the SSDI manual for additional instructions.

Bladder (Nov. 2019 webinar)

- Grade reminder: *Grade Clinical* and *Grade Pathological* cannot be blank for cases diagnosed in 2018 and later. If the clinical grade is higher than the pathological grade on resection, use the clinical grade to code the pathological grade.
- When abstracting bladder cases, it is essential to review the SEER 2018 Solid Tumor Rules regarding multiple primaries. The urinary chapter is available here.
- **M/P Rule M5**: Abstract as a single primary when synchronous tumors are noninvasive in situ (behavior/2) urothelial carcinoma in the following sites: C67 (bladder) AND C66.9 (one or both ureters). Note: this is new for cases diagnosed 2018 and later.
- **M/P Rule M8**: Abstract as multiple primaries when a patient has micropapillary urothelial carcinoma **AND** urothelial carcinoma of the bladder C67. Note: this is new for cases diagnosed in 2018 and later.

SEER*Educate has released new Coding Drills for Diagnosis Year 2018 Histologies. This is a great practice resource! Please visit SEER*Educate for more information.

ODH Releases New Childhood Cancer Report

The Ohio Department of Health (ODH) has released a new report, *Childhood Cancer in Ohio 2019*, which provides updated data and statistics regarding cancer among children and adolescents (ages 0 to 19) in Ohio. The report includes information about the most common types of childhood cancer; the average annual number of new cancer cases and deaths; incidence and mortality rates with comparisons to Ohio and the United States; trends in childhood cancer incidence and mortality rates; risk factors, signs and symptoms; cancer survival; and late effects. ODH's published cancer reports can be found on the ODH Cancer Data and Statistics website.

Ohio Department of Health

Ohio Cancer Incidence Surveillance System

OCISS
Bureau of Health Improvement and Wellness
Ohio Department of Health

www.odh.ohio.gov

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OCISS Newsletter Feedback Survey

We would like to thank everyone who completed our newsletter survey. We had 113 respondents, and we appreciate the time you took for thoughtful feedback. It is helpful to see your comments and suggestions, and we plan to use them as a guide to improve the newsletter.

Survey Results

- Three-fourths of respondents were hospital reporters; others were non-hospital reporters (including reporters in physician offices, outpatient centers, path labs, and other).
- Two-thirds of respondents were Certified Tumor Registrars (CTRs).
- The majority of hospital reporters report for a CoC-Facility.
- Almost all respondents said they receive the newsletter via email.
- Almost all respondents read the newsletter.
- Six respondents did not read the newsletter - the majority of these were non-hospital reporters. Reasons they did not read the newsletter included: no time to read the newsletter, newsletter was not useful for them, and other (went to junk folder and never access Web Plus).

Overall Comments

- Of those who read the newsletter, the general consensus is that the newsletter is a good resource and to continue to do what we are doing.
- The length of the newsletter is good and all of the sections are useful.

Hospital Reporter Comments

- The newsletter may be more useful for hospital reporters than non-hospital reporters.
- For hospital reporters, the NAACCR webinar summaries are not too detailed or technical.
- The majority of hospital reporters would like to see common questions OCISS is asked by reporters and a list of manuals and resources to help abstract cases.
- Other things hospital reporters would like to see are OCISS staff contact information, pop quizzes, and background about cancer.

Non-Hospital Comments

- The majority of non-hospital reporters would like to see common questions OCISS is asked by reporters and a section for non-hospital reporters.
- Other things non-hospital reporters would like to see are manuals and resources to help abstract cases and OCISS staff contact information.

Your feedback is very helpful for us to know what is useful for all of our reporters and ways we can improve. Look for the April edition to see some of these changes. If anyone has additional comments or suggestions, please contact us at OCISS@odh.ohio.gov.

OCISS Registrars Staff Listing

Cancer Registrars	Primary Sites	Email Address
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