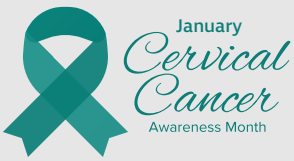

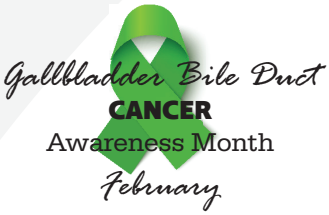

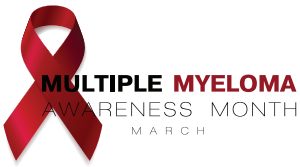

OCISS Newsletter

Ohio Cancer Incidence Surveillance System

Inside this issue:

Ohio Department of Health

OCISS Updates

Annual Call for Data

OCISS recently submitted its Annual Call for Data to the Centers for Disease Control and Prevention (CDC) and the North American Association of Central Cancer Registries (NAACCR) for diagnosis years 1996-2018. 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!

Thank you, too, for re-reviewing cases that were initially reported with unknown stage and/or demographic data. You reviewed more than 70% of the cases with unknown stage and, of those, we were able to update more than half to a known stage. We had similar success in updating information on race. Our data will be more useful because of this additional information.

Close Out

OCISS has begun the close-out process for cancer cases diagnosed/treated in a hospital in calendar year 2019. If your facility has not already done so, please complete the Close Out 2019 survey available here. We need this information from all hospitals, even if you have not completed your 2019 reporting. Knowing the status of all reporters is important to OCISS operations. The survey also asks for information on the completeness of your 2020 data and when your facility (if you have your own cancer registry software) will be converting to NAACCR v21. This information will be used to plan Ohio's release of Web Plus v21.

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 2021 and will update the contact lists as changes are received.

Web Plus File Uploads

As a reminder for hospital reporters who upload NAACCR format files to Web Plus, please try to keep the file size at or around 250 abstracts. Please also indicate the name of your reporting facility in the file name. We often receive files from different facilities with the same file name. If you report for multiple facilities, please be certain that the correct file is uploaded under the correct reporting source ID in Web Plus. If you have any questions or concerns with file uploading, please contact Kaitlin Kruger at Kaitlin.Kruger@odh.ohio.gov or 614-728-2304.

NAACCR v21/XML Update

The NAACCR flat/fixed file format will be retired at the end of 2020. Moving forward in v21, all abstracts/file exchange will be in an XML file format. OCISS strongly recommends that hospitals keep in contact with their vendors during this transition. For more information about the transition to XML, please see NAACCR's XML standards webpage. If you have any questions on v21 or XML, please contact Kaitlin Kruger at Kaitlin.Kruger@odh.ohio.gov or 614-728-2304.

OCISS Advisory Committee

OCISS previously reported that the OCISS Advisory Board, whose purpose and membership were officially designated by law, was sunsetted last year. This will allow OCISS to establish an advisory group, which can include broader membership, including cancer reporters and those who analyze OCISS data for cancer prevention planning and research purposes. Please complete the attached form and send to OCISS@odh.ohio.gov if you have interest in participating. We are looking for both large and small cancer reporting facilities and from both the hospital and non-hospital communities. OCISS would like to start meetings of this group in early 2021.

Calendar of Events/Save the Date

2021 SSDI Updates (NAACCR Webinar)
Thursday, Jan. 14, 2021, 12:30 p.m.
Registration required
https://education.naaccr.org/updates-implementation.

NAACCR Summer Forum 2021
June 15-17, 2021
This will be fully remote and replace the in-person meeting originally planned to be held in Palm Springs, California. Abstracts are being accepted through Jan. 13, 2021. More information can be found on the NAACCR website.

2021 NCRA 47th Annual Educational Conference
June 3-5, 2021
Virtual only
https://www.ncra-usa.org/Conference/2021-Annual-Conference.

2021 OCRA Annual Educational Meeting
Sept. 23-24, 2021
Strongsville, Ohio

New Cancer Publications

The Ohio Department of Health (ODH), in collaboration with The Ohio State University, has recently released Alcohol Use and Cancer in Ohio. This report describes the prevalence of excessive alcohol use in Ohio and its association with increased risk of cancers of the breast, colon and rectum, esophagus, larynx, liver and intrahepatic bile duct, and oral cavity and pharynx. Alcohol use is a preventable risk factor for cancer, accounting for approximately 6% of new cancers and 4% of cancer deaths in the United States. This report (under "Ohio Cancer Profiles") and other ODH cancer reports can be found on the OCISS Data and Statistics website.

ODH continues to post *Cancer Stats & Facts for Ohio* each month to make cancer information and data available in an easy-to-read one-page format to increase cancer awareness. *Cancer Stats & Facts* were posted to the ODH website banner and social media for breast cancer in October, lung cancer in November, and for alcohol-related cancers in December 2020. These and previous cancer awareness fact sheets are also available on the OCISS website.

NAACCR Webinar Summaries

NAACCR hosts monthly cancer registry webinars, which provide three continuing education credits. OCISS makes these available on the Web Plus homepage. The following are abstracting highlights and tips from the last few months of NAACCR webinars. NAACCR recommends reviewing the Question & Answer section prior to watching the webinar you choose to view. If you do not have a Web Plus account but would like access to the webinars, please contact Kaitlin Kruger at Kaitlin.Kruger@odh.ohio.gov or 614-728-2304. Please note that some of these webinars cover topics in more depth than may be needed for all cancer reporters and information may be presented on data that are not collected by OCISS.

Prostate (October 2020 Webinar)

Clinically Apparent Tumors – Clinical Classification

- The T value is based on the results of the Digital Rectal Exam (DRE).
- Imaging should not be used in determining the Clinical T value.
- The T value should remain blank if the results of the DRE are not available or if it is unknown whether a DRE was performed.
- *Clinically inapparent tumors* are classified as cT1 (cT1a, cT1b, or cT1c) as they are not palpable during the DRE.
- *Clinically apparent tumors* (detected during a DRE) are classified as cT2 – cT4.
- Clinical Classification cT1a and cT1b are based on incidental findings from a transurethral resection of the prostate (TURP) performed to relieve symptoms of obstruction. See page 726 of AJCC Cancer Staging Manual, Eighth Edition for further clarification.

Coding multiple phases of radiation treatment

- Coding multiple phases of radiation treatment is customarily done in chronological order from earliest to latest start date. If there are multiple phases administered with the same start date, code the phases from highest to lowest dose. If there are multiple phases with the same start date and same total dose, any order is acceptable. (See page 5 of "CTR Guide to Coding Radiation Therapy Treatment in the STORE.")

Lung (November 2020 Webinar)

AJCC Regional Lymph Nodes:
Extend from supraclavicular area to diaphragm. Location of the positive lymph nodes (LN) determines the N value description.

- The farther away from the hilum the LN are, the higher the N description.
- Contralateral involvement raises N1 (hilar/interpulmonary) or N2 (mediastinal) to N3.
- Any laterality supraclavicular/scalene LNs are N3.

Do NOT use Table 36.2 to code LN (Exploratory subcategories); instead, use Table 36.1 on pages 435 and 436, and see Figure 36.1 on page 434 in the AJCC Cancer Staging Manual, Eighth Edition.

If a surgeon uses the International Association for the Study of Lung Cancer (IASLC) LN Station descriptions or zones:

- 1 = supraclavicular, 2-9 = mediastinal, 10-14 = hilar

Note: OCISS doesn't collect AJCC 8th edition stage but *does* collect the Surveillance, Epidemiology, and End Results (SEER) Program's Summary Stage 2018 from *all* reporters. It is therefore critical to note that AJCC staging and SEER Summary Stage 2018 staging *can be* different.

- For example, patient with ipsilateral scalene LN involvement w/o contralateral lung or distant metastasis would have N3 M0 disease by AJCC 8th stage (depending on T stage group 3B or 3C) *but* SS2018 stage 7 (distant) due to ipsilateral scalene LN being *distant* LNs in Summary Stage.

Thyroid (December 2020 Webinar)

Radioiodine (RAI) is considered radiation treatment; use code "98 Other" (page 10 of "CTR Guide to Coding Radiation Therapy Treatment in the STORE," Version 2.0, February 2020).

- Involves ingestion of iodine 131 (I-131) in pill form.
- Administered *after* total thyroidectomy.
- About 20% of all papillary thyroid patients undergo post-operative RAI treatment.

Stage group differentiation of N1 disease depends not only on the lymph node involvement, but also the age of the thyroid cancer patient. (See page 890 of the AJCC Cancer Staging Manual, Eighth Edition.)

OCISS Staff Coding Tips

- *Tip for coding Summary Stage:* Reminder that SEER Summary Stage is a staging system *independent* of AJCC. Even if AJCC stage is unknown or non-applicable, you should reference the Summary Stage manual before you mark it as unknown. There is no histological requirement for Summary Stage so non-histologically confirmed cases can be staged as well. Additionally, review "Hematopoietic and Lymphoid Neoplasm" and "Ill-defined Other" sections of the Summary Stage manual. (Thanks to Laura Vondenheuvel, Kettering Health Network, for sharing this reminder with OCISS!)
- Oncocytomas are not considered cancerous and are not reportable. Per SEER STM 2018, page 6 of Kidney Equivalent Terms and Definitions, *oncocytoma 8290/0* neoplasms do *not* behave "in a malignant fashion."
- *When recording PSA lab value in prostate cases:*
  - Record the last pre-diagnosis PSA prior to a biopsy and/or initiation of treatment.
  - DO NOT record a PSA earlier than three months before diagnosis.
  - PSA value should be recorded to the nearest *tenth* in nanograms/milliliter. (See NAACCR Data Dictionary, Item 3920 PSA.) For example, if the patient has a *PSA of 9.46* it should be recorded as *PSA lab value 9.5.*
- **Reporting reminder:** Cancer cases that are *class of case 32* (diagnosis and ALL first course of treatment provided elsewhere and patient presents at your facility with disease recurrence or persistence/active disease; see STORE page 124) and diagnosed *more than 24 months ago* DO NOT need to be reported to OCISS. For example, a case that was first diagnosed prior to 2019 does not need to be reported to OCISS in 2021.
- **Reporting reminder:** OCISS collects information on the FIRST COURSE of treatment or therapy, NOT subsequent course. For example, *a patient is diagnosed in 2016 with early stage prostate cancer somewhere else and decided on "treatment plan" of active surveillance (aka watchful waiting/observation) with serial PSA/exam/imaging/biopsies. The patient has had disease progression in 2020 and now is getting radiation treatment at your facility.*
  - Note that the active surveillance/watchful waiting IS considered a treatment plan (STORE page 30) and should be reported to OCISS.
  - The radiation treatment in 2020 is NOT first course of treatment; it is subsequent treatment and does not need to be reported to OCISS.
  - This is a *class of case 32* for your facility and the initial diagnosis (2016) was more than 24 months ago. The case is NOT reportable to OCISS.

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	Lung	Jamie.Fike@odh.ohio.gov
Rebecca Levings, RHIT	Colorectal, Anus, Liver, Kidney	Rebecca.Levings@odh.ohio.gov
Debbie Mercer, CTR	Soft Tissues, Bone, Upper GI, Hepatobiliary, Small Intestine, Female Genital Organs	Deborah.Mercer@odh.ohio.gov
Bill Ruisinger, CTR	Testis, Genitourinary System, Head and Neck, Peripheral Nerves	William.Ruisinger@odh.ohio.gov
Sheri Stuckey	Breast	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