



**LIVER  
CANCER**  
Awareness  
Month  
October



**OCTOBER**  
**BREAST  
CANCER**  
AWARENESS MONTH

## NOVEMBER



Pancreatic  
Cancer



Lung  
Cancer



Stomach



Carcinoid  
Cancer



Honoring  
Caregivers

# OCISS Newsletter

## OCISS Updates

### Cancer Reporting Timelines

OCISS is preparing for its annual data submissions to the Centers for Disease Control and Prevention and the North American Association of Central Cancer Registries in late November. Any outstanding case reports for diagnosis year 2021 need to be reported immediately, as 2021 data need to be 95% complete. Please also do your best to complete reporting of 2022 cases as we aim for 90% completion with our 12-month data

### Close Out 2022

OCISS will be starting the close out process for cancer cases diagnosed in hospitals in calendar year 2022. In November, hospital reporters will receive a Survey Monkey link to the close out questions. This process allows us to confirm receipt of data, see where there are discrepancies, and understand where there are reporting delays. Please contact Emily Bunt with any questions, ([Emily.Bunt@odh.ohio.gov](mailto:Emily.Bunt@odh.ohio.gov)).

### OCISS Advisory Committee

A meeting of the OCISS Advisory Committee was held in August. OCISS staff solicited input from members on barriers and facilitators to reporting cancer data within six months of diagnosis or first contact. In addition, OCISS staff provided updates on cancer data reports and solicited feedback on Modified (M) record reporting procedures. The OCISS Advisory Committee was established in 2021 to provide review, discussion, and input on a wide range of topics to OCISS. OCISS is grateful for the participation of cancer reporters from hospitals and other facilities, local health department representatives, and researchers!

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### OCISS Staff Update

Jeremy Laws, former OCISS Operations Supervisor, accepted a position in the Cancer Surveillance Branch of the Centers for Disease Control and Prevention. OCISS is thankful for his expertise and leadership! Please reach out to Emily Bunt, OCISS Registry Manager, ([Emily.bunt@odh.ohio.gov](mailto:Emily.bunt@odh.ohio.gov)) or Kaitlin Kruger, OCISS Data Administration Manager, ([Kaitlin.kruger@odh.ohio.gov](mailto:Kaitlin.kruger@odh.ohio.gov)) with any questions regarding reporting.

### Web Plus v23 Update and Reporting

Web Plus v23 was released on July 26, 2023. OCISS is now accepting cancer reports for all diagnosis years, including 2023. Many thanks for your patience during the update. There were some significant changes for reporting in v23. The date flags have been retired and are no longer being collected; because of this, we ask that you please pay close attention when completing the date fields, especially for treatment dates. There were also significant changes that impacted how surgery is reported for melanoma and skin cancers. The melanoma cheat sheet, which describes

these changes, the release notes for v23, and the updated Web Plus manuals can be found on the Ohio Cancer Incidence Surveillance System (OCISS) webpage (<https://odh.ohio.gov/know-our-programs/ohio-cancer-incidence-surveillance-system/Reporting-Ohio-Cancer-Incidence-Data>). Please contact Kaitlin Kruger at ([Kaitlin.kruger@odh.ohio.gov](mailto:Kaitlin.kruger@odh.ohio.gov)) with questions.

### Unknown Race and Unknown Stage

This summer, OCISS followed up with facilities that reported cases with unknown race for diagnosis year 2021. Because of your review, we were able to update unknown race to a known race for more than 100 cases. We also followed up with hospitals that reported cases with unknown stage. If you have not already done so, please complete and return your unknown stage reports in Web Plus. Thus far, we have been

able to update stage for more than 350 cases initially reported with unknown stage for 2021. Thank you all for your review and follow-up!

### Looking Ahead to 2024

There will be additional system upgrades in 2024 to comply with North American Association of Central Cancer Registries (NAACCR) v24 standards. Please keep in mind that we will not be able to accept any 2024 cases or v24 XML files until Web Plus is updated to accommodate the changes. OCISS will be working on our v24 materials this fall and will stay connected with the hospital software vendors during this process. We will notify reporters of any major reporting changes and will keep everyone posted on our timeline for completing the update. For more information on NAACCR v24, please visit <https://www.naaccr.org/>.

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## New Cancer Publications

The Ohio Department of Health (ODH) has recently posted the following to the OCISS [Data and Statistics \(ohio.gov\)](#) page.

### Social Vulnerability and Cancer in Ohio

This report compares Ohio's counties with high social vulnerability with those with low social vulnerability to identify differences in cancer incidence and mortality rates, late-stage diagnoses, cancer treatment, health insurance status, cancer risk factors, cancer screening, and survival.

### New Site-Specific Cancer Profiles

Each of these reports provides detailed information about a specific type of cancer, with Ohio-specific information on cancer incidence and mortality (by age group, sex, race, and ethnicity), trends, stage at diagnosis, histology, survival, risk factors, signs and symptoms, and screening. The new profiles include:

- Brain and Other Central Nervous System Tumors in Ohio 2023.
- Prostate Cancer in Ohio 2023.
- Testicular Cancer in Ohio 2023.
- Thyroid Cancer in Ohio 2023.
- Uterine Cancer in Ohio 2023.

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## 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. For more information, please see the [ODH IRB site](#).

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

- **The Heavy Metal Effect of Cadmium on Aggressive Prostate Cancer and Mortality in Ohio.** The Primary Investigator (PI) is Dr. Ming Wang from Case Western Reserve University. This study plans to investigate whether exposure to cadmium in air and water is linked to aggressive prostate cancer cases in Ohio.

OCISS Data Use by Researchers continued

- **Geographical Distribution of Esophageal Cancer and Proximity to Care in Ohio.** The PI is Dr. Katarina Greer from the Louis Stokes Cleveland VA Medical Center. This study will be looking at incidence and stage at diagnosis of esophageal cancer in Ohio, relative to accessibility to gastroenterologists for screening.
- **GuLF Long-term Follow-Up Study.** The PI is Dr. Dale Sandler from the National Institute of Environmental Health Studies. The Gulf Long-term Follow-up (GuLF) Study is investigating potential health effects associated with clean-up activities following the Deepwater Horizon disaster in the Gulf of Mexico.

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## NAACCR in NOLA - June 2023

In June 2023, OCISS Registry Manager, Emily Bunt, and OCISS Data Administration Manager, Kaitlin Kruger, attended the North American Association of Cancer Registrars (NAACCR) Annual Conference in New Orleans. This was a great opportunity to connect with those from NAACCR. The Centers for Disease Control and Prevention (CDC), and other state cancer registries. Many of the sessions and presentations touched on several overarching themes, summarized below.

- Many of the conference sessions described how researchers and standard setters have seen a decrease in overall cancer incidence numbers for 2020. We will probably continue to see the impact of the COVID-19 pandemic on cancer surveillance in the years to come.
- Another common theme was the need to see timelier cancer data. There is an increasing pressure for everyone, at all levels of cancer surveillance, to get cancer data made available faster. As we know, there are many challenges to getting cancer data faster, and in the coming years, we will need to address these barriers and find solutions.
- One of the barriers to timelier data that was discussed throughout the conference is our technology. The systems we use today have been adapted overtime and the strategy has always been to keep up with the technology, rather than getting ahead. It is important for the cancer surveillance community to move to less siloed systems

and improve our interoperability. Our systems need to communicate more efficiently and many of the standard setters are investigating ways to do this, such as beginning to utilize artificial intelligence in their software systems.

- Several sessions also discussed how it is essential for cancer registries to think about succession planning. Many registries are experiencing staff turnover and seeing more and more staff reaching retirement. Registries also experience difficulties in staff recruitment and retention. Because of this, major challenges arise for the registry when a single staff person is relied on for certain registry activities. If that staff person were to leave or if something were to happen to that staff person, and they are the only person at the registry who knows how to do certain tasks, then those tasks may not be completed in their absence. Registries are encouraged to cross-train all positions, so in the event of a staff member leaving, their duties and responsibilities can be carried over to other staff persons until the position is filled.
- Finally, the conference also highlighted the importance of remembering why we do what we do. Oftentimes, we can get caught up in our day-to-day activities, but we cannot lose site of the bigger picture. The work we do in cancer surveillance makes a difference and we cannot lose site of the people and communities we serve.

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## Cancer Registrar Training & Education

*Below are some important, upcoming conferences and training events:*

### **Fundamentals of Abstracting Workshop (Virtual)**

*October 17 and 19 and October 24 and 26, 2023*

National Cancer Registrars Association (NCRA) is offering a virtual *Fundamentals of Abstracting Workshop*. The virtual workshop includes four sessions on topics designed for cancer registry employees with between six months and two years of experience. Presenters during the event are Denise Harrison, BS, CTR, Donna Gress, RHIT, CTR, Sara Biese, RHIT, CTR, and Melissa Riddle, CTR. These classes are foundational and do not earn CEs. For more information and to register visit the [NCRA website](#).

Cancer Registrar Training & Education continued

### **Ohio Health Information Management Association (OHIMA) 2024 Annual Meeting & Trade Show**

March 18-20, 2024

Hilton Columbus at Easton, Columbus Ohio

For more information; <https://www.ohima.org>

### **National Cancer Registrars Association (NCRA) 50th Annual Educational Conference**

April 24-27, 2024

Indianapolis, Indiana

For more information: <https://www.ncra-usa.org/Conference/Future-Conferences>.

### **NAACCR Annual Conference**

June 25-27, 2024

Boise, Idaho-The Grove Hotel

For more information: <https://www.naaccr.org/future-annual-conference-dates-and-locations>

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## NAACCR Webinar Summaries

NAACCR hosts free monthly webinars that provide three continuing education credits. OCISS makes these available 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](mailto:Kaitlin.Kruger@odh.ohio.gov), 614-728-2304). 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 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.

### Lower GI Part 2 (June 2023 Webinar)

Part 2 of the Lower GI webinar discussed stage and treatment for colon, appendix, and anal cancers.

#### **View the slides:**

For some very helpful tables from Denise Harrison and Janet Vogel, viewing the slides is highly recommended.

#### **Read the Notes:**

It's especially important to read the pathology notes, as these have better information for coding. Doctor's operative notes are not always complete.

- Screening colonoscopy with a positive biopsy is coded 02. Code 05 does not apply because this is not an exploratory procedure, it was a screening procedure.
- Removal of a non-cancerous polyp during a colonoscopy is not considered a positive procedure, so it should be coded to 00.

### IT Worked for Me: In “FUN”matics in Cancer Registry (July 2023 Webinar)

This webinar featured a variety of professional perspectives on how best to mix technology with data. Utilizing the outcome and to share relevant and valuable data analysis.

#### **Informatics Defined:**

- Cancer informatics is the intersection of information science, computer science, medical oncology, communication, and health care.

- It deals with the resources, devices, and methods required to optimize the acquisition, storage, retrieval, and use of information in cancer.
- Applied cancer informatics turns clinical data into meaningful and useful information to improve processes and outcomes in patient-focused and evidence-based cancer care.

Informally, *cancer informatics* supplies the right information, to the right people, in the right format, at the right time.

#### **The Four Pillars of Cancer Informatics:**

- *Informatics Theory* - Systems, information flow, and knowledge concepts.
- *Technology* - Hardware and software tools in support of creating data to model outcomes.
- *Biological Sciences* - Life science disciplines, including scientific inquiry principles and cancer informatics resources.
- *Social Perspectives* - Human-centered interactions in an organizational or cultural context.

## **Melanoma (August 2023 Webinar)**

This webinar looked at solid tumor rules, staging, Site-Specific Data Items (SSDI), and new skin surgery codes for melanoma.

Do NOT report skin primary (C440-C449) with any of the following histologies:

- Malignant neoplasm (8000-8005).
- Epithelial carcinoma (8010-8046).
- Papillary and squamous cell carcinoma (8050-8084).
- Squamous intraepithelial neoplasia III (SIN III) (8077) of skin sites coded to C44\_.
- Basal cell carcinoma (8090-8110).

Please see [Appendix E.2](#) of the 2023 Coding and Staging Manual for additional non-reportable tumors examples.

As explained in [Appendix C/Melanoma Coding Guidelines](#):

- Early/evolving melanoma in situ (8720/2) and early/evolving melanoma invasive (8720/3) ARE reportable for cases diagnosed 1/1/2021 and later.
- Assign primary site C449 for melanoma when the primary site is unknown and there is no information suggesting that the melanoma originated in a non-skin site.

[The 2021 Cutaneous Melanoma Rules](#) instruct us to “Code the most specific or more invasive histology from biopsy or resections”.

**Skin Primary Site Note:** For skin cancers overlapping sites in the head and neck ONLY, assign the primary site code for the site where the bulk of the tumor is or where the epicenter is. As stated on p. 93 of the [Coding and Staging Manual](#), do not use code C448.

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## **OCISS Abstracting Tips**

### **Helpful Solid Tumor Rules (STR) resource:**

All the disease/site chapters in the Solid Tumor Rules (STR) have a section summarizing changes from the Multiple Primary/Histology to STM titled “Changes from 2007 MPH Rules”. The STR manual was last updated in May 2023 at the time of this writing. In the general rules “*How to Use the Solid Tumor Rules*” section it is clarified that if you have an original tumor diagnosed before 2018 and a subsequent one diagnosed 2018 or later in the same primary site to use the Solid Tumor Rules.

### **Determining Multiple Primaries:**

Remember to follow the latest version of the correct manual based on diagnosis year(s) to determine multiple primaries. Please do not rely on your recall of the rules but refer to the latest version of the appropriate manual. Due to changes in the rules something that may have been reported as multiple primaries in the past may no longer be multiple primaries.

Example: Compare the following

	Patient #1	Patient #2
<b>Condition</b>	Multiple meningioma (9530/0) of cerebral meninges (C700), one on right side, one on left side of the brain	Same—multiple meningioma (9530/0) of cerebral meninges (C700), one on right side, one on left side of the brain
<b>Dx year*</b>	Diagnosed in <b>2017 or earlier</b>	Diagnosed <b>2018 or later</b>
<b>Manual</b>	2007 MP/H ( <a href="#">link</a> )	Solid Tumor Rules Manual (STM) ( <a href="#">link</a> ) <i>Use the latest version at time of abstracting</i>
<b>Rule</b>	M5 of benign brain chapter is the first rule that applies	M9 of Non-Malignant CNS is the first rule that applies
<b># Primaries</b>	TWO	<b>SINGLE</b> *please code laterality accordingly

#### STM Non-Malignant brain rule M9:

Abstract a single primary when two or more separate/non-contiguous meningiomas arise in the cranial meninges.

*Laterality is irrelevant* and may be any of the following combinations:

- The same laterality (left or right) of the cranial meninges.
- Bilateral (both left and right) cranial meninges.
- The midline AND in either the right or left cranial meninges.

This applies to same meningioma histology *OR NOS and subtype/variant of meningioma*.

#### Pathology Reports and Imaging Abstract Text:

Pathology reports or imaging that are based on your facility's review/consult/re-interpretation, please note as such in the text. This is especially important when pathology or imaging review result in differences in data items such as histology, behavior, tumor size, SSDIs, etc. Per the SSDI manual when consult results have different results than original report, the result from the consult is recorded. Please see page 18 of [v3.0 of SSDI manual](#). Without text to indicate discrepancies to consult during consolidation of abstracts at the State registry, the wrong values could be consolidated. In addition, changes in histology can impact the determination of multiple primaries.

Examples:

1. Outside original pathology report interpretation was adenocarcinoma in situ but on your facility review the interpretation there is foci of invasive adenocarcinoma.  
*Sample text:* ABC review of XYZ lab MM/DD/YYYY sigmoid colon polypectomy: invasive adenocarcinoma. Original path was adenocarcinoma in situ but review show foci invasive cancer.
2. Original pathology report read was nodular melanoma, Breslow thickness 1.0mm, Clark Level 4, mitotic figures 2/mm<sup>2</sup>. Your facility consult determines superficial spreading melanoma instead; with Breslow 0.8mm, Clark level 3, mitotic figures 1/mm<sup>2</sup>.  
*Sample text:* ABC review of XYZ MM/DD/YYYY skin RT upper arm shave bx: superficial spreading melanoma, Clark level 3, Breslow 0.8mm, mitotic rate 1/mm<sup>2</sup>, no ulceration, no regression, no microsatellites, satellite nodules, no peripheral and deep margins involved.  
Original path was nodular melanoma Clark 4, Breslow 1, mitotic 2.

Questions or suggestions for the OCISS Newsletter? Please contact Cyndi Worden ([Cynthia.Worden@odh.ohio.gov](mailto:Cynthia.Worden@odh.ohio.gov)), or email the general OCISS inbox ([OCISS@odh.ohio.gov](mailto:OCISS@odh.ohio.gov)) with subject line "OCISS Newsletter."



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