

OCISS Newsletter

Ohio Cancer Incidence Surveillance System

OCISS Updates

Close Out

In January, OCISS asked hospitals to complete close out information for diagnosis year 2018. Thanks to the many hospitals that completed and returned this information. We are currently reviewing close out information against case counts to confirm that we have received all case reports. Jeremy Laws, OCISS Operations Supervisor, will follow up if he notes any discrepancies.



Monthly/Quarterly Reporting

We have resumed sending out reminders for monthly/quarterly reporting. Adhering to these timelines not only helps improve timeliness and completeness of reporting, it also provides for a more consistent workflow for OCISS. Thank you for adhering to these timelines.

Update Contact Lists

In February, OCISS sent out information to hospital facilities to confirm who we have listed as points of contact and who should have access to Web Plus. Thank you for reviewing and updating this information. Next, we will be reviewing and updating this information with our non-hospital reporters.

Death Clearance

OCISS will be starting death certificate follow-back for diagnosis year 2018. We anticipate sending out follow-back information to hospitals (via Web Plus) in May. Letters will be sent to non-hospital reporters in this same timeframe. You all did a wonderful job on death clearance last year. Our death clearance only percent was the lowest ever – 1.63%!

OCISS Data

OCISS data were updated in the Ohio Public Health Information Warehouse in February 2020. Data are now available for diagnosis years 1996-2017. The warehouse is available [here](#). Please contact OCISS (OCISS@odh.ohio.gov) with any questions on accessing or using the public warehouse.

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Save the Date!

NCRA Annual Educational

Conference *the conference has been canceled*

May 31-June 3, 2020

Lake Buena Vista, Florida

More information:

<http://www.ncra-usa.org/Conference/2020-Annual-Conference>

NAACCR Annual Conference

June 21-26, 2020

Philadelphia, Pennsylvania

More information:

<https://www.naacr2020.org/>

OCRA Annual Meeting

September 10-11, 2020

Strongsville, Ohio

More information:

<https://ohio-ocra.org/annual-education-meeting/>

New OCISS Data Manager

Kaitlin Kruger is the new OCISS Data Manager. Prior to the new position, Kaitlin worked as a cancer registrar for OCISS. She has a bachelor's degree in biology from Walsh University and a master's degree in Global Health from the University of Notre Dame. Please contact Kaitlin at Kaitlin.Kruger@odh.ohio.gov or (614) 728-2304 for any issues in using Web Plus, including password resets or issues with file uploads.

Health Information Management (HIM) Programs

As previously shared, OCISS plans to reach out to HIM programs in Ohio to help promote the cancer registry field. Thank you for providing information on additional HIM programs as well as contact information.

National Cancer Registrars Week

National Cancer Registrars week will be April 6-10, 2020. OCISS would like to thank all our hospital registrars for your hard work in cancer reporting. Congratulations — we appreciate you!



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 Kaitlin Kruger at Kaitlin.Kruger@odh.ohio.gov or (614) 728-2304.

Base of Tongue (December 2019 webinar)

- Beginning January 1, 2018, the [Solid Tumor Rules for Head and Neck](#) should be utilized for assigning morphology and primary site codes NOT the ICD-O-3.
- There are two new histology codes for cases diagnosed 2018 and later for cancers that have been evaluated for human papillomavirus (HPV): **8086/3** squamous cell carcinoma *HPV-negative* and **8085/3** squamous cell carcinoma *HPV-positive*.

Note: According to the 2018 SEER Manual, HPV 16 refers to the type of virus and is different from p16 overexpression. **P16 overexpression is not equivalent to HPV positive.** In order to code the histology

to 8085/3, there must be a positive viral test for HPV. HPV tests include ISH, PCR, and RT-PCR, which detect viral DNA or RNA. A positive IHC test, indicating p16 overexpression, is not enough to use code 8085/3.

- AJCC 8th Edition has split the TNM staging into two chapters depending on whether the primary tumor is HPV-positive or HPV-negative.
- As there are multiple primary sites within the oropharynx, avoid assigning the primary site to C10.9 oropharynx, NOS when a more specific primary site code is indicated. For example, C01.9 Base of Tongue.

Prostate (January 2020 webinar)

- An elevated prostate specific antigen (PSA) level is not confirmation of prostate cancer. A rise in PSA can be an indicator of several benign conditions, as well as cancer. Further work up and testing is necessary to confirm a cancer diagnosis.
- When recording a patient's PSA value, the most accurate representation is the PSA noted prior to a DRE (digital rectal exam), biopsy, or any treatment. In most cases this will be the PSA value that caused the clinician to investigate the possibility of prostate cancer which should be no earlier than 3 months prior to the date of diagnosis.
Note: PSA should be recorded to the nearest tenth. Whole numbers should be followed by a (.0). For example, PSA of 6 is documented as (6.0).
- Approximately 75% of prostate cancers arise adjacent to the rectum in the peripheral zone. These prostatic masses or nodules that are palpable during a digital rectal exam are considered apparent. In these cases, a DRE is one of the biggest factors in clinical staging.
- A transrectal ultrasound (TRUS) is an ultrasound probe that is inserted into the rectum to investigate the prostate. A TRUS is a *diagnostic* procedure.
- A transurethral resection of the prostate (TURP) is a procedure in which tissue is removed from the prostate using a resectoscope inserted through the urethra. A TURP is a *surgical* procedure.
- If a tumor is relatively small, confined to one area of the prostate or assigned a low Gleason score, a patient and provider may opt for active surveillance or watchful waiting. It is important to remember that *active surveillance is a form of treatment* and should be recorded as such.
- If a patient who has known prostate cancer and has been on active surveillance presents to your facility for a follow-up biopsy or treatment, that biopsy is NOT reportable. A patient will only have one prostate cancer throughout his lifetime. OCISS requires that the date of diagnosis and first course of treatment for the initial diagnosis be reported. Subsequent follow up, biopsy, or treatment for that cancer is not reported to OCISS because it is not a new primary.
Exception: If the patient opts for active surveillance and then decides to pursue surgery or radiation treatment BEFORE the patient's first follow up appointment, then the first course of treatment is no longer considered 2-Active Surveillance but should be coded as 1-Treatment Given.

SSDIs (February 2020 webinar)

- **Lung. Visceral Pleural Invasion** — PL1 and PL2 are no longer relevant (confirmed with CAP and AJCC). Codes are being restructured. PL1 and PL2 are now being combined as "invasion of visceral pleural present, NOS." Conversion of 2018+ will automatically be done.
- **Breast. Multigene Data Items** — only record tests done on tumor tissue that helps determine if the cancer is likely to recur. Do not include other tests, such as those that evaluate hereditary mutations which influence a patient's risk of developing cancer (for example, myRisk, BRCA).
 - *Oncotype DX-Invasive Recurrence Score* is reported as a whole number between 0 and 100. Record only the results of an oncotype dx-invasive recurrence score in this data item. If some other test is used for scoring, assign code XX9.
 - *Ki-67 (proliferation index)* is a percentage. If the percentage is not documented, treat the number as being a percentage. For example, 3.8 would be 3.8%. Results from lymph nodes or metastatic tissue can only be used when there is NO evidence of the primary tumor (which is rare).
 - *ER and PR:* if percent positive is 0.0 or less than 1% then code negative. If 1% or greater, code positive.
- **Colon. CEA (Carcinoembryonic Antigen)** must be recorded to the nearest tenth in nanograms/milliliters with the highest value documented prior to treatment or polypectomy.
 - *Tumor grade clinical* is always the grade prior to any treatment. If tumor grade is documented as a range, always go with the higher grade (for example, grade documented as 1-2, record grade 2).

SSDIs (February 2020 webinar) continued

- **Heme.** Code *Schema Discriminator 1*, Occult Head and Neck Lymph Nodes, for Primary Site C76.0 only. RAI stage is used for CLL/SLL. There are 5 SSDIs associated with the RAI stage (*Adenopathy, Anemia, Lymphocytosis, Organomegaly, and Thrombocytopenia*). There is currently no way to record the actual RAI Stage (0-4). Do not record RAI stage in the field AJCC Stage Group.

Note: this is different than the Lugano Stage, which is for all lymphomas and is recorded in the field AJCC Stage Group.

- **In general.** All SSDIs that are recorded as "less than" should be recorded as .1 under the stated value (for example, CEA less than 65 should be recorded as 64.9).

ODH Cancer Publications Update

Annual Report: The Ohio Department of Health (ODH) has released *Ohio Annual Cancer Report 2020*. This report provides a summary of cancer incidence data for 2017, the most recent and complete year of OCISS data now available to the public, along with cancer mortality data for 2017 and cancer trends for 2008-2017. ODH's published cancer reports can be found on the OCISS Cancer Data and Statistics web page, available [here](#).

New Cancer Awareness Fact Sheets: ODH has developed a new series of fact sheets called *Cancer Stats & Facts for Ohio*, which will highlight Ohio-specific information on one cancer topic each month during its nationally recognized cancer awareness month. These one-page fact sheets include information and data on Ohio cancer incidence, cancer deaths, survival, early detection, and prevention. The new fact sheets typically are on ODH's homepage banner and can also be found on the OCISS Cancer Data and Statistics web page, available [here](#). In addition, information taken from the fact sheets will be posted on ODH social media. Please follow us on Facebook and Twitter.

There is an important update to the coding of brachytherapy. Please see the CTR Guide to Coding Radiation Therapy Treatment in [STORE](#).

SEER*Educate has released new Hematopoietic Coding Drills. This is a great practice resource! Please visit [SEER*Educate](#) for more information.

OCISS Registrars Staff Listing

Cancer Registrars	Primary Sites	Email Address
Alice Daugherty, CTR	CNS, Hematopoietic Neoplasms, Sinuses	Alice.Daugherty@odh.ohio.gov
Jamie Fike	Lung	Jamie.Fike@odh.ohio.gov
Rebecca Levings, RHIT	Colorectal, Anus, Thyroid, Kidney	Rebecca.Levings@odh.ohio.gov
Debbie Mercer, CTR	Soft Tissues, Bone, Upper GI, Hepatobiliary, Female Genital Organs, Skin	Deborah.Mercer@odh.ohio.gov
Bill Ruisinger, CTR	Testis, Urinary System, Head and Neck	William.Ruisinger@odh.ohio.gov
Sheri Stuckey	Breast	Sheri.Stuckey@odh.ohio.gov
Cyndi Worden	Prostate, Penis, Pancreas, Skin	Cynthia.Worden@odh.ohio.gov



OCISS General Contact Information

Phone: (614) 752-2689

Email: OCISS@odh.ohio.gov

Web Plus Corner

- Web Plus URL: <https://odhgateway.odh.ohio.gov/webplus/logonen.aspx>.
- We recommend using **Google Chrome** when accessing Web Plus.
- *Need a password reset? Issues with file uploading? Having technical difficulties?* Contact Kaitlin Kruger at Kaitlin.Kruger@odh.ohio.gov or (614) 728-2304.
- *Need help clearing errors?* Contact Deb Mercer at Deborah.Mercer@odh.ohio.gov or (614) 466-7220.
- *Can we have one log in for our facility?* No. Everyone should be using their own personal log on for Web Plus. PLEASE DO NOT SHARE YOUR USERNAME OR PASSWORD WITH ANYONE ELSE.
- *Regarding password resets:* you will receive an email from "OCISS@odh.ohio.gov" with the new password. When you log in with the password we assign, you will be prompted to create a new password of your choosing. Also, please note, that when we reset your password, it will expire after a certain amount of time. You will have to contact us again if you do not reset your password right away.
- CDC will be releasing a new version of Web Plus this spring. The new release will have some new features and look a little different. For those who directly enter their cases in Web Plus, the edits will now have descriptions on what is causing the error. For those who file upload, your OCISS RSID will be displayed at the top of screen, so you know which facility you are uploading for; we think this will be helpful for those who report for multiple facilities. We will provide information on other changes when we make the new version available to reporters.

OCISS FAQs — Reporting Requirements

Q: If another facility is reporting for the same patient, do I still have to report?

A: Yes. According to OCISS reporting rules, each physician, dentist, hospital, or person providing diagnostic or treatment to patients with cancer shall report each case of cancer to the OCISS. More information is available [here](#).

Q: If we only do biopsies and refer out for all treatment, am I still required to report?

A: Yes, if the patient is diagnosed with cancer at your facility, you are required to report the case. For more information on how to report, visit the [OCISS reporting page](#).

Q: If we only do biopsies, how do we code the treatment fields?

A: If your facility does not provide treatment, then code all the treatment information as unknown. Please see the last page of the newsletter for more information.

Q: If I release an abstract from Web Plus and realize I made a mistake, can you send it back so I can edit it? [direct entry]

A: No. Once a case is released no corrections can be made to the abstract. Contact Deb Mercer at (614) 644-7220 and we will make the correction/s to the case you reported. We recommend that you maintain documentation of the correction and when you contacted OCISS in your records.

Q: How do I update information on an abstract that I already submitted to OCISS? [file uploaders]

A: If you have your own cancer registry software system, make the necessary correction/s in your system and contact Deb Mercer at (614) 644-7220 to let us know what we should change in the case you reported. PLEASE DO NOT SEND A DUPLICATE CASE WITH YOUR CORRECTIONS.

Q: How do I code Social Security Number (SSN) if it is unknown?

A: An unknown SSN should be coded to all 9s: 999-99-9999. If you only have the last four digits of the SSN, code with five leading 1s and then the four digits that are known.

Non-Hospital Coding Tips:

How to code treatment fields when you refer to another facility for ALL treatment.

TREATMENT INFO 1ST COURSE OF THERAPY	
Treatment Status	9
Date of First Course of Treatment	
Date of First Course of Treatment Flag	10
Date of Surgery	
Surgery Date Flag	10
Date of Most Definitive Surgery	
Most Definitive Surgery Date Flag	10
Surgery Code	99
Surgery Text	UNKNOWN
Surgical Margins	9
Scope of Regional Lymph Node Surgery	9
Regional Nodes Positive	99
Regional Nodes Examined	99
Other Non-Primary Site Surgery	9
Reason No Surgery	9
Radiation Start Date	
Radiation Surgery Sequence	0
Phase 1 Radiation Treatment (cases dxd 2018+)	99
Regional Radiation Type (cases dxd PRIOR TO 2018)	
Radiation Text	UNKNOWN
Reason No Radiation Text	9
Chemotherapy Start Date	
Systemic/Surgery Sequence	0
Chemotherapy Code	99
Chemotherapy Text	UNKNOWN
Hormone Therapy Start Date	
Hormone Therapy Code	99
Hormonal Therapy Text	UNKNOWN
BRM Therapy Start Date	
BRM Therapy Code	99
BRM Therapy Text	UNKNOWN
Other Treatment Start Date	
Other Treatment Code	9
Other Treatment Text	UNKNOWN
Transplant /Endocrine Treatment Code	99

Note: all fields are filled in with their respective unknown values.

<— date flags will be “10-Unknown if treatment administered.”

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<— date flags will be “10-Unknown if treatment administered.”

<— surgery code “99” for unknown.

<— include “unknown” in text fields.

<— sequence field needs to be “0-no radiation and/or no cancer-directed surgery” NOT “9-sequence unknown, but both surgery and radiation were given.”

<— include “unknown” in text fields.

<— sequence field needs to be “0-no systemic therapy and/or no cancer-directed surgery” NOT “9-sequence unknown, but both surgery and systemic tx were given.”

<— include “unknown” in text fields.

<— include “unknown” in text fields.

<— include “unknown” in text fields.