

**OHIO CANCER
INCIDENCE
SURVEILLANCE
SYSTEM**



OCISS Newsletter

OCISS Updates

NAACCR v 18

OCISS has received a NAACCR v 18 version of Web Plus that we have begun to test. Thank you to those who volunteered to send us NAACCR v 18 files that will allow us to test the upload process and our edits. We learned that a new version of edits will be released by NAACCR in March but, at this point, we are proceeding with what is currently available. We will post our edit set to the ODH Website after we finish our testing, and we will let you know when we are ready for 2018 data.

Duplicates

OCISS has recently received quite a few duplicate reports from facilities. We have increased our review to try to catch these before processing. We would appreciate your efforts to assure that you are not re-submitting cases. If you are re-submitting cases to correct name misspellings, date of birth, date of diagnosis, SSN or gender—we would rather you email or phone OCISS with those changes. Thank you.

Close Out 2017

Thank you for your assistance with 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 4,500 additional cancer abstracts; this year's process resulted in submission of almost 8,000 additional cancer abstracts.

Audits

It has been a few years since ODH conducted audits of our hospital reporters. We plan to conduct a text-to-code audit in 2019, similar to what we did in 2013.

Vital Statistics Death Data

The Ohio Department of Health Bureau of Vital Statistics is now able to provide access to death data in a new system which will not require users to request a report each month. The system is the Ohio Public Health Information Warehouse and the data are available in a module named Death Roster (DR). The DR module will allow users to access statewide mortality data and to run the Deceased Ohioans Report at their convenience. Please send an email to vitaldata@odh.ohio.gov to request a Data Use Agreement (DUA) to get this access. Once your account is established you will be able to run the current Deceased Ohioans report as well as any historical reports you may need. Please note that although there is no limit to the number of staff from any facility who can obtain this access, a DUA is required for each person.

ODH Website

The Ohio Department of Health has re-vitalized its website; it went live in late November. It is important that you update your links to continue to access our information as you will not be automatically redirected. The main ODH page is at: <https://odh.ohio.gov/wps/portal/gov/odh/home>. The OCISS page is at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-cancer-incidence-surveillance-system/welcome-to>.

ODH has learned that some users have experienced compatibility problems with how Internet Explorer is visually presenting the website. It has been suggested that you use a different browser – such as Google Chrome.

Inside this issue:

OCISS Updates	1
Abstracting Tips from NAACCR Monthly Webinars	2-3
2018 Diagnosis Year Reporting Changes	4
ODH Releases New Cancer Publications	4
Calendar of Events / Save the Date	4

Abstracting Tips from NAACCR Monthly and 2018 Training Webinars

NAACCR 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 the Category A requirements for CTR continuing education (*source: NCRA's "Category A FAQ" and email communication from NAACCR*). This includes the boot camp and coding pitfalls webinars. The following are abstracting highlights from the last few months of NAACCR webinars. Please refer to the specific webinars for more information.

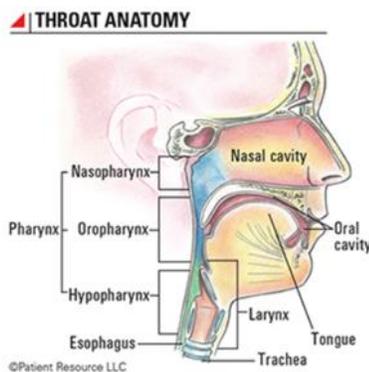
Lung Cancer Webinar (October 2018 webinar)

Fraction Size for Radiation

- It is critical to know what type of treatment a patient is given. You need to know if you are coding to IMRT, SPRT, and SART, SRC, etc. Below are examples of the different fraction sizes.
- **Standard fraction:** is 180-200 cGy/fx typically seen when prescriptions calls for multiple fractions (anywhere from 10 to 40+). You will typically see this in breast cancer as this treatment is given in smaller doses and extended out for a longer period and this will also include a boost. This treatment can last up to 6-9 weeks. This treatment has been around for decades.
- **Hypofractionation:** This is >200 cGy/fx. For example, 500 cGy 5 fx is often used for SBRT treatments, which calls for a large fraction size and only a few fractions (1-6 days max). This means that a patient will get a larger dose in a shorter amount of time. Other terms that you may see is stereotactic body radiation or stereotactic ablative radiotherapy.
- **Hyperfraction:** This is less than the standard fractionation. This treatment had been used primarily for head and neck cancers. Now this is being used for lung and prostate cancers. This means that a patient will receive less standard fractions and will receive treatment twice a day usually 6 hours apart. This is the opposite of hypofractionation.

Pharynx Webinar (November 2018 webinar)

Pharyngeal cancer includes cancer of the nasopharynx (the upper part of the throat behind the nose), the oropharynx (the middle part of the pharynx), and the hypopharynx (the bottom part of the pharynx). Cancer of the larynx (voice box) may also be included as a type of pharyngeal cancer. Most pharyngeal cancers are squamous cell carcinomas (cancer that begins in thin, flat cells that look like fish scales) and are also known as throat cancer.



Identifying primary site for head and neck cancers can be difficult due to sites being small and in close proximity to one another. Also, tumors frequently extend into adjacent organs/sites. Since Pharynx can be considered a general site, C14.0 should only be used if a more specific site cannot be determined. When attempting to determine primary site, careful consideration should be given to the operative report, pathology report, diagnostic/staging scans and managing physician's documentation. It is extremely important that reporters provide detailed/concise text documentation in support of the primary site assignment. This is due to the fact OCISS receives reports on patients from multiple sources who may only have access to limited information.

Breast Cancer Webinar (December 2018 webinar)

- There are many changes, so make sure to use your manuals when abstracting cases.
- Use the **2018 Solid Tumor coding rules** to determine the number of primaries to abstract and to determine histology coding for cases diagnosed 1/1/2018 and forward. The Solid Tumor coding rules and the 2018 General Instructions replace the 2007 Multiple Primary & Histology (MP/H) Rules for the following sites **ONLY**: Breast, Colon (includes rectosigmoid and rectum for cases diagnosed 1/1/2018 forward), Head and Neck, Kidney, Lung, Malignant CNS and Peripheral Nerves, Non-malignant CNS and Urinary Sites. The rules can be found at: <https://seer.cancer.gov/tools/solidtumor/>.
- When using the 2018 Solid Tumor coding rules DO NOT go to other tables unless you are instructed to do so.
- The 2018 Solid Tumor coding rules for breast are undergoing revision and a new update is expected sometime in January. The updated rules will provide clarification for how to handle multiple tumors when one was diagnosed prior to 2018 and a subsequent tumor is diagnosed 2018 or later.
- Histology 8010 will no longer be used for breast cancers; if the pathology report states “carcinoma of the breast” it should be coded to 8500.
- Histology subtypes are not to be coded unless the pathology report states that the subtype represents 90 percent or more of the tumor.
- Here is a good resource for breast cancer coding provided by AJCC: <https://cancerstaging.org/CSE/Registrar/Pages/Eight-edition-Webinars.aspx>.
- Lobular carcinoma in-situ breast cases are still reportable to the OCISS; however, these cases are not stageable.

Did you know that SEER*Educate has free training on 2018 SSDI Coding Exercises?

- CEUs are available for these trainings.
- SEER*Educate has made 85 practice cases available in groups of five cases from the Training Menu in the Practical Application section. These coding exercises contain a realistic fictionalized case scenario designed to test the application of the SSDI coding guidelines. The rationales provide detail on how to use the SSDI coding guidelines to arrive at the preferred answer.
- The National Cancer Registrars Association (NCRA) awarded continuing education (CEs) credits for each set of 5 cases. **These were approved as Category A CEs.** The number of CEs depends upon the number of data items for each of the site groups.
- Log in or sign up at **SEER*Educate** today by visiting <https://educate.fhcr.org/> and **Learn by Doing!**

Reminder on 2018 Case Reporting Changes

Beginning with cases diagnosed after January 1, 2018 reporters will no longer be able to rely solely on the ICD-O-3 coding manual for assigning histology codes for the following sites:

Breast	Lung
Malignant CNS and Peripheral Nerves	Non-Malignant CNS
Head & Neck	Urinary Sites
Colon (includes rectosigmoid and rectum for cases diagnosed 1/1/2018 forward)	Kidney

After the above referenced date, the SEER 2018 Solid Tumor Coding rules should be used to not only assign morphology, but they also replace the 2007 multiple primary rules for those sites. Keep in mind that the new rules contain new histology codes and new diagnostic terms NOT included in ICD-0-3.



OCISS

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ODH Releases New Cancer Publications

The Ohio Department of Health (ODH) has recently released *Ohio Cancer Atlas 2019: Maps of Cancer Incidence, Mortality, Risk Factors and Social Determinants of Health by County*. Completed in collaboration with The Ohio State University, this compendium presents Ohio county-level maps of cancer incidence and mortality rates, as well as maps of cancer screenings, cancer stage at diagnosis, cancer risk factors, demographics and social determinants of health, to show geographic patterns of cancer rates and associated factors across the state.

In addition, ODH has recently released four updated site-specific cancer profiles, including: *Non-Hodgkin Lymphoma in Ohio, 2011-2015* (September 2018), *Leukemia in Ohio, 2011-2015* (October 2018), *Oral Cavity & Pharynx Cancer in Ohio, 2011-2015* (November 2018) and *Ocular Melanoma in Ohio, 2011-2015* (November 2018). These new profiles include Ohio-specific information on cancer incidence and mortality, trends, stage at diagnosis, histology, risk factors, signs and symptoms, early detection, and five-year relative survival statistics. The reports can be found on the ODH Cancer Data and Statistics website at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-cancer-incidence-surveillance-system/data-statistics/data-statistics>. For better viewing, please use Google Chrome.

Calendar of Events / Save the Date

NCRA's 45th Annual Educational Conference

May 19 — 22, 2019

Denver, Colorado

Details: <http://www.ncra-usa.org/Conference/2019-Annual-Conference>

NAACCR/IACR Combined Annual Conference

June 8 — 13, 2019

Vancouver, British Columbia

Details: <https://www.naacccr.org/naaccr-iacr2019/>

OCRA Education and Annual Meeting

September 19 & 20, 2019

Perrysburg, Ohio

Details: <http://ohio-ocra.org/annualmtg/annualmtg.html>