



## Fall 2025

### OCISS Quarterly Newsletter

Ohio Cancer Incidence Surveillance System

## Awareness Months



**September**  
Childhood Cancer



**September**  
Prostate Cancer



**September**  
Uterine Cancer



**October**  
Breast Cancer



**September**  
Leukemia



**November**  
Pancreatic Cancer



**September**  
Lymphoma



**November**  
Lung Cancer



**September**  
Ovarian Cancer



**November**  
Stomach Cancer



**September**  
Thyroid Cancer



## OCISS Updates

### Cancer Reporting Timelines

OCISS is preparing for its annual data submissions to the Centers for Disease Control and Prevention (CDC) and the North American Association of Central Cancer Registries (NAACCR). Any outstanding case reports for diagnosis year 2023 need to be reported immediately, as 2023 data need to be 95% complete. Please also do your best to complete reporting of 2024 cases; 2024 data need to be 90% complete in order to meet the National Program of Cancer Registries (NPCR) Advanced National Data Quality Standard.

### Close Out 2024

OCISS has started the close out process for cancer cases diagnosed in hospitals in calendar year 2024. In September, hospital reporters were sent 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)).

### Looking Ahead to 2026

While OCISS completed the v25 update in August, there will be additional system upgrades in 2026 to comply with NAACCR v26 standards. Please keep in mind that we will not be able to accept any 2026 cases or v26 XML files until Web Plus is updated to accommodate the changes. OCISS created our v26 materials this fall and shared these with the software vendors. We 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 v26, please visit NAACCR's [Resources and Projects](#).

### Web Plus User Manuals

OCISS has updated the Web Plus user manuals. There are three manuals based on method of reporting and type of reporter: Non Hospital Abstracting Manual, Hospital Abstracting Manual, and Hospital File Uploader Manual. The manuals are linked in Web Plus on the landing page and are also available on OCISS's [Reporting of Ohio Cancer Incidence Data website](#).

## Hospital Data Quality Reports

This December, OCISS will generate data quality reports for each reporting hospital to review the completeness, quality, and timeliness of hospital data submitted for diagnosis year 2023. These reports will be shared with the primary hospital contacts to use as a resource and to provide a summary of their reporting. We encourage you to share your hospital's report with your registry staff and/or your hospital administration as you see fit. We also appreciate any feedback you may have on the content and design of the reports once they are available. For additional information on your hospital's reporting, please contact Kaitlin Kruger ([Kaitlin.Kruger@odh.ohio.gov](mailto:Kaitlin.Kruger@odh.ohio.gov)).

## OCISS Staff Update

Congratulations to Sheri Stuckey on her retirement! Sheri has worked at OCISS as a cancer registrar for nearly 10 years. OCISS is grateful for Sheri's expertise in consolidating breast cancer cases and processing reports from pathology labs.

## Registry Recognition Program

The OCISS Registry Recognition Program was created to provide recognition to hospitals that are meeting timeliness goals. We are pleased to recognize the following hospital registries for their commitment to timely data submission.

## Gold Award:

Awarded to hospital registries with at least 90% of expected records for diagnosis year 2024 submitted to OCISS by Sept. 1, 2025.

Adams County Regional Medical Center  
Adena Fayette Medical Center  
Adena Health System  
Akron General Medical Center  
Ashtabula County Medical Center  
Atrium Medical Center  
Aultman Alliance Community Hospital  
Aultman Hospital  
Aultman Orrville Hospital  
Barnesville Hospital  
Bellevue Hospital  
Blanchard Valley Health System  
Bucyrus Community Hospital  
Cleveland Clinic Avon Hospital  
Cleveland Clinic Mercy Hospital  
Cleveland Clinic Taussig Cancer Institute  
Coshocton Regional Medical Center  
Dayton Children's Hospital  
East Liverpool City Hospital  
Euclid Hospital  
Fairview Hospital  
Firelands Regional Medical Center  
Fisher-Titus Medical Center  
Fulton County Health Center  
Galion Community Hospital  
Greenfield Area Medical Center  
H.B. Magruder Memorial Hospital  
Hillcrest Hospital  
Hocking Valley Community Hospital  
Holzer Health System  
King's Daughters of Ohio  
Knox Community Hospital  
Licking Memorial Health Systems  
Lima Memorial Health System  
Louis Stokes Cleveland Department of Veterans Affairs Medical Center  
Lutheran Hospital  
Madison County Hospital  
Marymount Hospital  
Medina Hospital



Sheri Stuckey at her Retirement Celebration.



Memorial Hospital  
 Mercer County Community Hospital  
 Mercy Health Clermont Hospital  
 Mercy Health The Jewish Hospital  
 Mercy Hospital Defiance  
 MetroHealth Medical Center  
 Miami Valley Hospital  
 Nationwide Children's Hospital  
 Ohio Valley Surgical Hospital  
 OhioHealth Berger Hospital  
 OhioHealth Doctors Hospital  
 OhioHealth Dublin Methodist Hospital  
 OhioHealth Grady Memorial Hospital  
 OhioHealth Grant Medical Center  
 OhioHealth Hardin Memorial Hospital  
 OhioHealth Mansfield Hospital  
 OhioHealth Marion General Hospital  
 OhioHealth O'Bleness Health System  
 OhioHealth Pickerington Methodist Hospital  
 OhioHealth Riverside Methodist Hospital  
 Cancer Hospital  
 Ontario Hospital  
 Ohio State University Arthur G. James Cancer Hospital  
 Pike Community Hospital  
 Pomerene Hospital  
 ProMedica Bay Park Hospital  
 Salem Regional Medical Center  
 Southern Ohio Medical Center Cancer Center

Springfield Regional Medical Center  
 St. Anne Mercy Hospital  
 St. Charles Mercy Hospital  
 St. Elizabeth – Youngstown  
 St. Joseph Health Center  
 St. Rita's Medical Center  
 Summa Health System Akron City Hospital  
 Surgical Hospital at Southwoods  
 Tri-Health Bethesda North Hospital  
 Tri-Health Good Samaritan Hospital  
 University of Cincinnati Health West Chester Hospital  
 University of Cincinnati Medical Center (UCMC)  
 University Hospitals Ahuja Medical Center  
 University Hospitals Cleveland Medical Center  
 University Hospitals Elyria Medical Center  
 University Hospitals Geauga Regional Hospital  
 University Hospitals Geneva Medical Center  
 University Hospitals Samaritan Medical Center  
 Union Hospital  
 University of Toledo Medical Center  
 Upper Valley Medical Center  
 Wayne Healthcare  
 Western Reserve Hospital  
 Wilson Health  
 Wood County Hospital  
 Wooster Community Hospital  
 Wyandot Memorial Hospital



Gold Award Recipients

## Silver Award:

Awarded to hospital registries with 80 to 89% of expected records for diagnosis year 2024 submitted to OCISS by Sept. 1, 2025.

Akron Children's Hospital  
Cincinnati Children's Hospital Medical Center  
Mercy Health Fairfield Hospital  
Mercy Health West Hospital  
ProMedica Fostoria Community Hospital  
Tri-Health Other  
Trinity Health System  
University Hospitals Conneaut Medical Center  
University Hospitals St. John Medical Center

## Timeliness Improvement Award:

Awarded to hospital registries that made a meaningful improvement in their timeliness.

Clinton Memorial Hospital  
Mercy Health Anderson Hospital  
Mercy Hospital Tiffin  
South Pointe Hospital  
University Hospitals Portage Medical Center

Award letters, certificates, and graphics, which can be used in presentations, on websites, and in email signatures, were sent to awardees in September. Certificates were also presented to registrars from hospitals receiving awards who were in attendance at the Ohio Cancer Registrars Association Annual Education Conference. Congratulations to the 2025 OCISS Registry Recognition Program award recipients!

## New Cancer Publications

The Ohio Department of Health (ODH) has recently released the following new reports:

### Cancer in Ohio

This report provides Ohio-specific data and information on cancer incidence and mortality, trends, risk factors, signs and symptoms, early detection, stage at diagnosis, and survival.

### Alcohol Use and Cancer in Ohio

This report describes alcohol-associated cancer sites in Ohio, detailing demographic differences and trends in incidence and mortality rates of alcohol-associated cancer sites. In addition, demographic and socioeconomic differences in excessive drinking in Ohio are presented. Alcohol use is the third-leading preventable risk factor for cancer, following tobacco use and obesity.

### Lung and Bronchus Cancer Among Never Smokers and Current Smokers in Ohio

This report compares cancer outcomes of never smokers and current smokers in Ohio.

### Cancer Survival in Ohio

Cancer survival in Ohio has been improving since 1996 for most cancer sites/types and for all cancer sites/types combined for both males and females. ODH recently updated a report on cancer survival in Ohio using data from OCISS. The report features Ohio-specific cancer survival statistics by site/type, county, sex, race, stage at diagnosis, and primary payer at diagnosis. Other information includes trends in cancer survival, cancer among children and adolescents, late effects of cancer treatment, cancer survivorship care plans, and resources and support for persons affected by cancer.



Silver Award Recipients



Timeliness Improvement Award Recipients



## New Site-Specific Cancer Profiles

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

- Esophageal Cancer in Ohio.
- Mesothelioma in Ohio.
- Laryngeal Cancer in Ohio.

These reports can be found under the Site-Specific Cancer Profiles tab on the [OCISS Data and Statistics page](#).

## Cancer Registrar Training & Education

### Georgia Tumor Registrars Association (GATRA) Annual Education Conference

**Nov. 5, 2025**

In person (multiple locations in Georgia and Florida) and virtual registration are available.

### Michigan Cancer Registrars Association (MICRA) 49th Annual Education Conference

**Nov. 13-14, 2025 | Grand Blanc, MI**

In person and virtual registration are available.

### National Cancer Registrars Association (NCRA) 52nd Annual Educational Conference

**May 5-8, 2026 | Louisville, KY**

### North American Association of Central Cancer Registries (NAACCR) Annual Conference

**June 2-4, 2026 | Winnipeg, Manitoba, Canada**

## NAACCR Webinar Offerings

NAACCR hosts monthly webinars that provide three continuing education credits approved by NCRA. OCISS makes these available free 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)). To create an account in FLccSC, visit the FLccSC [student login](#), click “New Users-Register here,” and complete the registration form. Under “How do you categorize yourself?” please select “Ohio Student.”

The following area 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.

### Uterus 2025

#### Co-Host: Janine Smith

This webinar covered anatomy, solid tumor rules, staging and treatment of uterine primary malignancies. Primary sites can be difficult to discern. Often for sarcomas arising in the uterus, there are many terms in the medical record that are vague and/or conflicting. As a general rule, the surgeon is in a better position to determine site of origin compared to the pathologist; however, if the pathologist is looking at the entire organ, they may be best able to pinpoint the site of origin within the organ.

There is a new note for grade table 13 for endometrioid carcinomas only. If “low grade” is documented, code 2. If “high grade” is documented, code 3. Grade 3 also includes anaplastic carcinomas. International Federation of Gynecology and Obstetrics (FIGO) Grade 1 and 2 primarily apply to endometrioid adenocarcinoma; all other carcinomas are high grade, or grade 3.

In coding histology, all sites included in the “Other Sites Solid Tumor Rules” instruct to code the most specific histology from biopsy or resection. When there is a discrepancy, or two distinctly different histologies between the biopsy and resection, you should code the most representative specimen. A new histology table is provided in the Solid Tumor Rules for Uterine Corpus histologies. Carcinoma, NOS (8010) is not equivalent to adenocarcinoma, NOS (8140). For multiple primary rules, the big change was the histology code no longer determines multiple versus single based on differences at the first, second, or third digit.

There must be a physician statement about FIGO stage in order to code this data item. It cannot be coded based on the pathology report only. If the word “FIGO” is not included with a stated stage, do not assume it is FIGO stage!

## Leveraging Technology to Improve Efficiency in Hospital-based Cancer Registries 2025

**Co-Hosts: Kelly Merriman & Michelle Webb**

This session focused on topics of interest to Commission on Cancer accredited hospitals. Modern Artificial Intelligence (AI)-powered solutions are transforming cancer registry operations by increasing efficiency, improving data accuracy and unlocking real-time insights. These technologies can streamline labor-intensive tasks like casefinding and abstraction, reduce human error, and enhance the utility of cancer data for research, accreditation, and quality improvement.

An outline of the process of selecting and implementing an AI-powered software solution, including selecting the team of stakeholders, conducting a workflow gap analysis, and engaging leadership in the evaluation, selection, and implementation of the solution was discussed.

## Solid Tumor Rules 2025

**Co-Host: Denise Harrison**

An in-depth review of the core concepts used to determine multiple primaries and assign histology were provided. The importance of the Solid Tumor Rules, focusing on the process, and applying the rules was stressed.

Metastasis from a current or previous tumor is not used to determine multiple primaries. Multiple Primary Rules should be used as written to determine whether a subsequent tumor is a new primary or a recurrence. The only rare exception to this is when a pathologist compares slides from the subsequent tumor to the “original” tumor and documents the subsequent tumor is a recurrence of the previous primary. Otherwise, you should never abstract multiple primaries based only on a physician’s statement of “recurrence” or “recurrent.” Colon rule M8 is another exception to this rule.

## Coding Pitfalls 2025

**Co-Host: Janet Vogel, ODS**

This webinar reviewed problematic coding issues identified through quality control of registry data. Specific abstracting tips were provided for several primary sites. Also discussed was the administration of chemotherapy as a radiosensitizer or radioprotectant and if this treatment should be coded. Yes! Both the STORE Manual and SEER Manuals have deleted the instruction regarding radiosensitizer in the 2025 manuals. SEER\*Rx website can be utilized to determine how to properly code the drugs administered.

A bladder scenario was shared; the patient had a TURBT in 2025 and pathology was read as low-grade urothelial carcinoma with no additional information provided. Would this case have a behavior of in situ or invasive? SEER Appendix C states you should code the behavior as in situ, or /2, when the diagnosis is a low-grade urothelial carcinoma and there is no information provided regarding invasion.

Prostate needle core targeted biopsies or biopsies of a region of interest should be coded as one core regardless of the number of cores taken from this targeted area of interest. These are becoming more common as physicians are using Magnetic Resonance Imaging (MRI) to evaluate the prostate and can see more clearly what areas may be involved.

Recent and upcoming NAACCR webinar topics:

- October: Oral Cavity and Salivary Glands 2025.
- November: Melanoma 2025.
- December: Esophagus 2025.

## OCISS Abstracting Tips

### Changes in Oropharynx Case Coding

The AJCC is providing early notice to help registrars prepare for a recode that will happen with the 2026 registry software updates. Starting with cases diagnosed in 2025 going forward, all cases coded to C11.1 will be considered nasopharynx. This includes the pharyngeal tonsils, and they will no longer be abstracted as an oropharynx primary site. Currently there is a schema discriminator question that requires registrars to allocate C11.1 cases to either nasopharynx or oropharynx. Starting in 2026, all of these sites will be coded to nasopharynx, and the schema discriminator will disappear.

All 2025 diagnosed cases with the Schema Discriminator 1 field coded as a '2' will need to be manually reviewed and the AJCC stage reassigned using nasopharynx. Registrars should be documenting this information in text now to assist with this manual review. To learn more, read the [coding alert notice](#).

### Reminders for Address at Diagnosis

OCISS staff attended a special workshop at the NAACCR Conference this past June for central registry geocoding processes and quality improvement. Geocoding is the process of assigning geographical coordinates to data that can be used to visualize data points on a map. This process allows researchers and analysts to create maps of cancer incidence data and conduct geospatial analysis. Geocoding is dependent on the information entered in the **Address at Diagnosis** data fields on each abstract. This information must be entered accurately for addresses to be geocoded properly.

DEMOGRAPHICS	
Address	<input type="text"/>
Address Supplemental	<input type="text"/>
City	<input type="text"/>
State	OH
Zip Code	<input type="text"/>
County	<input type="text"/>

As a result of the geocoding workshop, and in preparation for potential changes to our evaluation criteria, OCISS has been reviewing the quality of our geocoded data. Throughout our review, we have found some common errors for the Address at Diagnosis data fields that have contributed to low geocoding quality. We would like to share some reminders for entering patient addresses.

When entering address information, please use what is available to you in the patient's medical record. We are not asking you to validate addresses but rather consider the

following reminders when completing address information on the abstract. This list is not exhaustive, please refer to the NAACCR Data Dictionary, STORE Manual, and SEER Program Coding and Staging manual for additional information and guidance. Contact OCISS if you have any questions about address information.

1. The most common errors we see for addresses are related to data entry errors. Be mindful of typos, keystroke errors, and copying and pasting issues. Also be mindful when clicking the Enter or Tab keys to ensure the address information is entered in the correct fields.
2. Please use standard United States Postal Service (USPS) abbreviations when entering the address at diagnosis. Please note that the abbreviations list applies for the address suffix, which is the type of street (drive, road, avenue, boulevard, etc.).
  - a. Directions can be abbreviated when they are not the street name, for example "246 N HIGH ST."
  - b. Directional words can be street names. In these situations, please spell out the directional word for the full street name. For example, you would enter "1234 NORTH AVE" instead of "1234 N AVE."
  - c. The abbreviation "ST" is for "street," and this should only be used to abbreviate "street". For example, you would enter "555 STATE AVE" instead of "555 ST AVE."
  - d. Numbered streets will need both the ordinal number and the street suffix or type. For example, you would enter "999 1st ST" instead of "999 1 ST" or "999 1st." Some street names include a number, and we recommend spelling out the number, for example "Nine Mile Rd."
  - e. We also recommend spelling out all words in the following types of addresses: state and rural routes, township and county roads, and United States (US) or Ohio (OH) highways or byways. For example, we suggest entering "55 Township Rd 5" instead of "55 TWP RD 5" or "111 STATE RTE A" instead of "111 ST RT A." These types of addresses would also require a house number and a street number, please be sure to include both.
3. Punctuation for the address fields are limited to periods, slashes, hyphens and pound signs and should only be used when it is necessary to convey the meaning. See the NAACCR Data Dictionary for additional information.



4. Verify that the address contains all of the proper components of an address. This includes the house number, pre-directional, street name, street suffix or type, and post-directional. This also includes the street number (ex. State Route 5) and unit, apartment or house number (ex. Apt 5, Lot 8, etc.).
  - a. We oftentimes see numbers that may be a telephone number or zip code entered in the address number and street line.
  - b. We also see incomplete addresses, where only the house number is included, and we are missing the street name, or we only have a street name and are missing a house number.
  - c. We see addresses with the number and street name, but we are missing the type of street (road, street, drive, avenue, etc.).
  - d. We also see the full address entered in the number and street field (including the city, state and zip code). Please enter the address components in the respective fields.
  - e. Apartment or unit numbers are considered components of the address. The apartment, house, or unit number should be included.
5. Enter the street address in the street address field on the abstract.
  - a. For addresses with a PO Box, if you only have the PO Box, enter that in the number and street line. If you have the PO Box and a street address, enter the street address in the number and street line and the PO Box in the supplemental field.
6. Only enter one street address in the number and street line. The STORE manual indicates that if the patient has more than one residence, such as summer or winter homes, you would use the address the patient specifies if a usual residence is not apparent.
7. For persons with ambiguous addresses, please see the [Standards for Oncology Registry Entry \(STORE\) manual](#) for additional guidance. A few examples include but are not limited to:
  - a. For residents of nursing homes or hospice centers, enter the facility's address in the number and street line and the facility's name in the supplemental field.
  - b. For persons who are homeless, enter the address of the place the patient was staying when the cancer was diagnosed, which could be your facility's address.
  - c. For persons who are incarcerated, enter the address of the institution.
8. For non-Ohio residents, please choose the correct state at diagnosis. Some software, like Web Plus, may default the state at diagnosis to OH; you will have to overwrite the default for non-Ohio residents.
  - a. Tip: all of Ohio's zip codes begin with "43," "44," or "45"; if the zip code begins with another number, it's likely an address in another state.
  - b. Your software may have county codes look ups available for other states. If that is not available, you can find the [Federal Information Processing Series \(FIPS\)](#) county codes by state through the United States Census Bureau. If you're still unable to find the correct county code for other states, please enter 998.





## Address Quiz

Instructions: each question has two addresses. Select the address that has been entered correctly.

### Question 1

**A****B**

Address

HEALTH HOSPICE 246 N..

246 N HIGH ST

Address Supplemental

HEALTH HOSPICE

City

COLUMBUS

COLUMBUS

State

OH

OH

Zip Code

43215

43215

County

049

049

Option A address line reads:  
"HEALTH HOSPICE 246 N HIGH ST"

### Question 2

**A****B**

Address

246 N HIGH ST

PO BOX 246

Address Supplemental

PO BOX 246

246 N HIGH ST

City

COLUMBUS

COLUMBUS

State

OH

OH

Zip Code

43215

43215

County

049

049

### Question 3

**A****B**

Address

9999OCISS

9999 OCISS AVE

Address Supplemental

City

COLUMBUS

COLUMBUS

State

OH

OH

Zip Code

43215

43215

County

049

049

Question 4

A

B

Address	1234 HEALTH DR COLU...	1234 HEALTH DR
Address Supplemental		
City	COLUMBUS	COLUMBUS
State	OH	OH
Zip Code	43215	43215
County	049	049

Option A address line reads:  
"1234 HEALTH DR COLUMBUS OH 43215"

Question 5

A

B

Address	55 TOWNSHIP RD 5	55 TWP RD
Address Supplemental		
City	COLUMBUS	COLUMBUS
State	OH	OH
Zip Code	43215	43215
County	049	049

## Quiz answers and explanations.

### Question 1 Answer = B.

Rationale: Option B has the name of the hospice center in the address supplemental field, and the street address has been entered correctly in the address line. Do not enter both the facility name and facility address in the address line. If only the facility name is available, we suggest looking up the facility for the street address. This would be similar for persons who are homeless; do not enter “Homeless” as the street address; enter the address of the place the patient was staying when the cancer was diagnosed.

### Question 2 Answer = A.

Rationale: If you have a street address and a PO box number, enter the PO Box number in the supplemental field and the street address in the street address field. If you only have a PO Box number, enter the PO Box in the address number and street line as seen in the image here.

Address	<input type="text" value="PO BOX 246"/>
Address Supplemental	<input type="text"/>
City	<input type="text" value="COLUMBUS"/>
State	<input type="text" value="OH"/> ▼
Zip Code	<input type="text" value="43215"/>
County	<input type="text" value="049"/>

### Question 3 Answer = B.

Rationale: the address contains all of the components of an address and proper spacing. Option A was missing the address suffix (Ave) and missing a space between the house number and street name.

### Question 4 Answer = B.

Rationale: Only enter the number and street in the number and street line. Option A had the full address entered in the number and street line (this was cut off in the image).

### Question 5 Answer = A.

Rationale: Option A spells out township and includes the road number. Option B uses an abbreviation and is missing road number 5.



## OCISS Contact Information

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OCISS	General Information	<a href="mailto:OCISS@odh.ohio.gov">OCISS@odh.ohio.gov</a> 614-752-2689