

# OCISS Newsletter

## Ohio Cancer Incidence Surveillance System

### SEPTEMBER



Childhood Cancer    Uterine Cancer    Leukemia



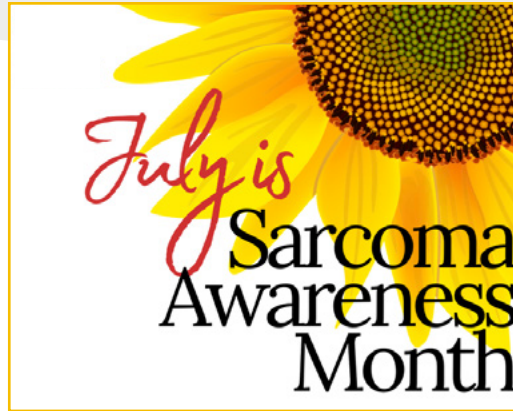
Lymphoma    Ovarian Cancer    Prostate Cancer



Thyroid Cancer

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## OCISS Updates

### OCISS Data Evaluation

OCISS submitted data for cancers diagnosed from 1996-2020 to both the Centers for Disease Control and Prevention (CDC) and the North American Association of Central Cancer Registries (NAACCR). OCISS data met CDC's National Program of Cancer Registries (NPCR) National Data Completeness and Quality Standard and, as a result, OCISS is recognized as a CDC NPCR Registry of Distinction! OCISS data also met NAACCR's criteria for Gold Certification. The CDC and NAACCR evaluations assess data quality metrics for completeness, quality, and timeliness. Thank you for all the work you do to report timely, complete, and accurate data to OCISS to allow us to accomplish these goals and achieve these recognitions!

### OCISS Advisory Committee

A meeting of the OCISS Advisory Committee was held in April, and OCISS staff shared an updated reporting source manual draft and solicited feedback from members. In addition, OCISS staff provided updates on M record reporting, cancer data reports and solicited feedback on the hospital quality reports that were sent out at the end of last year. The OCISS Advisory Committee was established in 2021 to provide review, discussion, and input on a wide range of topics to OCISS. Its membership includes cancer reporters from hospitals and other facilities, local health department representatives, and researchers.

### Web Plus v23

OCISS is in the process of upgrading Web Plus to v23 and we anticipate the release of Web Plus v23 by the end of July or August. OCISS staff will notify all reporters when the upgrade is complete and when we can accept both 2023 cases and v23 XML files. OCISS staff will also share important reporting changes for diagnosis year 2023 at that time. Until then, please continue to report any outstanding cases for diagnosis years 2022 and earlier. In

preparation for this upgrade, OCISS has developed its edits metafile for NAACCR v23. It is posted to the OCISS website available [here](#). Please contact [Kaitlin.Kruger@odh.ohio.gov](mailto:Kaitlin.Kruger@odh.ohio.gov) with questions on Web Plus v23 or edits.

### Unknown Race and Unknown Stage

OCISS recently followed up with facilities that reported cases with unknown race and/or unknown SEER summary stage. If you have not already done so, please complete and return these reports in Web Plus. Thank you for your review and follow-up.

### Modified Record Reporting

Please remember that OCISS requires all hospitals with their own software to send M records. If you have not yet done so, please submit your M records as soon as

possible. The schedule for reporting M records is quarterly, if you report more than 250 abstracts per diagnosis year (January, April, July, October), or semi-annually, if you report fewer than 250 abstracts per diagnosis year (January and October). If you have any questions on M record reporting, please contact Kaitlin Kruger ([Kaitlin.Kruger@odh.ohio.gov](mailto:Kaitlin.Kruger@odh.ohio.gov)).

### Death Clearance

OCISS has started Death Certificate follow-back for diagnosis year 2021. Follow-back information was sent to hospitals (via Web Plus) in June. Please review the follow-back cases sent to your facility and return by July 31. Please contact Bill Ruisinger at [william.ruisinger@odh.ohio.gov](mailto:william.ruisinger@odh.ohio.gov) or Mahima Jain at [Mahima.Jain@odh.ohio.gov](mailto:Mahima.Jain@odh.ohio.gov) with any questions.

## National Cancer Registrars Association (NCRA) Educational Conference

OCISS Operations Manager Jeremy Laws, and Cancer Registrar Cheryl Radin-Norman, attended the annual NCRA Educational Conference in May. The theme of the three-day conference was Sailing Towards New Horizons. Listed below are some of North American Association of Central Cancer Registries (NAACCR) data item updates and changes highlighted during the conference.

Retirement of data items (45)	Modification on existing data items and other changes (5)	New Data Items (6)
Grouped data items (11)	Race code label changes	Histologic subtype–Appendix (8480)
All date flags data items (29)	Tobacco use code label change	No patient contact flag
Seer data items (5)	Expanding text length (16)	Reporting facility restriction flag
	P16 (Anus)	Margin measurement (Skin)
	WHO ICD-O-3 histology update	RX Hosp–Surg Prim Site 2023
		RX Summ–Surg Prim Site 2023

### New and Modified STORE Data Items for 2023

- NAACCR [Data Item 344](#) Tobacco Use Smoking Status.
- NAACCR [Data Item 671](#) is now Rx Hosp-Surg 2023.
- NAACCR [Data Item 1291](#) is now Rx Summ-Surg 2023.
- NAACCR [Data Item 3961](#) Clinical Margin Width-Melanoma.

### Key Points for STORE 2023 Changes

- Data items 670 and 1290 are historical as of Jan. 1, 2023 and are not listed in STORE 2023.
- The version of STORE Manual to be used should be based on the diagnosis year.
- Surgical code B indicates a significant change in coding.
- Date of Birth, Date of Diagnosis, and Date of Last Contact must be completed.
- Collection of four breast data items must be completed.
- All data flag fields have been removed.
- The Melanoma and CTR Guides are now located in the back of the STORE Manual.
- Clarification on RADS.
- Changes were made to align the Standard Setters.

# New Cancer Publications

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

**Cancer Across the Lifespan Stats and Facts Sheets:** These one-page, easy-to-read infographics provide information about cancer incidence and mortality in Ohio for five age groups across the lifespan: children 0-14 years old; adolescents and young adults 15-39 years old; adults 40-64 years old; adults 65-84 years old, and those 85 years old and older, summarizing the main report, [Cancer Across the Lifespan in Ohio](#).

**Ohio Cancer Atlas 2023:** County-level maps of cancer incidence, mortality, risk factors, and social determinants of health showing geographic patterns of cancer rates and associated factors across the state. See: [Ohio Cancer Atlas 2023](#).

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## OCISS Data Use by Researchers

The ODH Institutional Review Board (IRB) is a group of individuals from various state agencies who review any research involving human subjects that uses any State of Ohio data. OCISS provides data for many ongoing research projects that have ODH IRB approval. For more information, please see the [ODH IRB webpage](#). Since the last OCISS newsletter, there have been five new IRB-approved studies using OCISS data.

**The Impact of Household Cancer Diagnosis on Higher Education Performance, Dropout Rates, and Premature Labor Force Entry.** The Primary Investigator (PI) is Matthew T. Pesavento, PhD, from The Ohio State University John Glenn College of Public Affairs. This study is attempting to determine how having a cancer diagnosis in their immediate family can affect college students in the family, including financially, regarding stress, and other ways. The study involves a linkage between multiple databases of information, including OCISS data, college attendance records and other records available through OSU CHRR, a NIST 800-53 secure data center with HIPAA compliance at OSU that specializes in data management and research services for OSU researchers and government data agencies.

**Study on the Incidence of Cancer Diagnosis and Mortality Among Military Aviators and Aviation Support Personnel.** The PI is Natalie Wells, MD, MPH, from the Defense Health Agency/Armed Forces Health Surveillance Division. This study is a nationwide study that looks at cancer among all military pilots and support personnel (such as mechanics). The PI sent a list of a cohort of pilots and support personnel to central registries to be linked with each individual registry's data to determine rates of cancers in the cohort.

**Healthcare Access and Equity in Patients and Survivors of Children, Young Adults, and Non-Elderly Adults on Medicaid.** The PI is Siran Koroukian, PhD, from Case Western Reserve University. This study is using data from OCISS and the Los Angeles Cancer Registry and linking it with Medicaid to assess access to healthcare and health equity in cancer patients and survivors on Medicaid.

**Estimating the Impact of Community-Targeted Interventions to Reduce Barriers to Screening in Men with Prostate Cancer.** The PI is Hari Iyer, ScD, MPH, from Rutgers Cancer Institute of New Jersey. This study will be estimating the impact of geographically targeted interventions to remove barriers to prostate cancer screening for Black men to reduce disparities in prostate cancer mortality.

**Vegetarian Cohort Collaboration (sub-study) of Cancer Epidemiology in Adventists.** The PI is Gary Fraser, MB, ChB, PhD, from Loma Linda University. The original study, Cancer Epidemiology in Adventists, has been following members of the Seventh Day Adventists' church since 2009, using data from multiple cancer registries. This Vegetarian Cohort Collaboration that was recently approved is to allow the researcher to release de-identified data from OCISS to an international study looking at cancer rates in vegetarians. Many individuals who are members of the Seventh Day Adventists' church are vegetarians.

# Cancer Registrar Training Opportunities

*Below are some important, upcoming conferences and training events in 2023.*

## Ohio Cancer Registrars Association (OCRA)

### 53<sup>rd</sup> Annual Educational State Meeting

Sept. 21-22, 2023

North Canton, Ohio

More information can be found by visiting

[OCRA's events page](#).

## American Health Information Management Association (AHIMA) Convention and Exhibit 2023

Oct. 8-11, 2023

Baltimore Convention Center, Baltimore, Maryland

See the [AHIMA education and events page](#) for more information.

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## NAACCR Webinar Summaries

NAACCR hosts monthly webinars that provide three continuing education credits. 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) 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*. For FLccSC questions please contact Jeremy Laws ([Jeremy.Laws@odh.ohio.gov](mailto:Jeremy.Laws@odh.ohio.gov) 614-644-9101).

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.

### Bootcamp (March 2023 Webinar)

This webinar was composed of multiple quizzes with minimal lecture.

### Ambiguous Terms at Diagnosis:

For ambiguous terminology, use the guidelines beginning on page 43 of the [STORE Manual](#) to determine whether a particular case should be included. Words or phrases that appear to be synonyms of ambiguous terms do not constitute a diagnosis. For example, "likely" alone does not constitute a diagnosis.

- **Exception:** If cytology is identified only with an ambiguous term, do not interpret it as a diagnosis of cancer.

Abstract the case only if a positive biopsy or a physician's clinical impression of cancer supports the cytology findings.

### Colorectal Site-Specific Data Item (SSDI) Clarification:

When coding carcinoembryonic antigen lab values (CEA, NAACCR Item [#3820](#)) record the highest value prior to treatment. See p. 17 of the [NAACCR SSDI Manual](#).

### Colorectal Carcinoembryonic Antigen (CEA):

An increased CEA value alone is not an indication of colorectal cancer. Other reasons behind increased CEA values may include:

- Biliary obstruction.
- Alcoholic hepatitis.
- Heavy smoking.

## Prostate (April 2023 Webinar)

This webinar highlighted anatomy, SSDIs, staging, and treatment of prostate cancer.

### **Positive Lymph Node Staging:**

Having even one single positive regional lymph node requires a stage 4 status at minimum. See the Prognostic Stage Groups table on page 732 of the [AJCC Manual](#).

### **TRUS, TPUS and TURP:**

The transrectal ultrasound guided (TRUS) prostate biopsy is the traditional, non-targeted, systematically spaced eight to 12 biopsy sampling of the prostate gland.

The transperineal ultrasound guided (TPUS) prostate biopsy has more core samples taken and better access to the anterior lobe of the prostate which can result in a slightly higher diagnosis rate. The TPUS carries a slightly lower risk of post biopsy surgical complications than the TRUS.

The transurethral resection of the prostate (TURP) is a surgical procedure that involves the cutting away and removal of a section of the prostate.

**Reminder:** Both the TRUS and TPUS are diagnostic procedures, whereas the TURP is a curative procedure.

### **Prostate Metastasis:**

Eighty-five percent to 90% of men who have prostate cancer with distant metastasis will be found to have metastasis to the bone.

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## Lower GI Part 1 (May 2023 Webinar)

Part 1 of the Lower GI webinar focused on anatomy, solid tumor rules, and SSDIs for colon, appendix, and anal cancers.

### **Rule M7-Multiple Tumors Module**

Apply [M7 Multiple Primaries](#) if:

Any subsequent tumor arises at anastomotic site and at least one of the following.

- One tumor NOS, other subtype of NOS.
- Tumor arises in colon wall without involvement mucosa.
- Doctor states an anastomotic recurrence.
- Subsequent tumor  $\leq$  36 months after surgery.

These rules apply to cases diagnosed Jan. 1, 2022 and after. Cases diagnosed between Jan. 1, 2018 through Dec. 31, 2021 use  $\leq$ 24 months for any subsequent tumors after surgery.

### **New Appendiceal SSDI**

The histology code for appendiceal tumors (8480), is defined as "Mucinous Adenocarcinoma (in situ or invasive)." In the [AJCC 8<sup>th</sup> Edition](#) chapter for Appendix-Carcinoma, there are also low-grade appendiceal mucinous neoplasm (LAMN) and high-grade appendiceal mucinous neoplasm (HAMN) diagnoses that are assigned the same histology. Although these tumors have the same [histological code](#) they have different natures. A distinction cannot be made using only the current histology code; therefore NAACCR has added a new histological subtype [#3960](#) item for use with cases Jan. 1, 2023 and forward.

# OCISS Abstracting Tips

## Tips for Text Fields:

When processing cancer reports, OCISS relies heavily on the text fields to support coded values. Here are some tips for several of the text fields:

- *Physical exam text* — should describe the age, gender, race, and medical/cancer history of the patient.
- *Staging text* — should describe the SEER Summary Stage that is recorded on the abstract. For example, if the SEER Summary Stage is coded as "1", the text should state "localized".
- *Surgery text* — should describe the surgical procedure performed, including date, location, and procedure.

Although OCISS does not collect Operative text – this text should describe the surgeon's procedure and the findings during the operative procedure. This information differs from the information in the surgery text.

## Date of Death Clarification:

When a cancer diagnosis is found incidentally during an autopsy, the date of diagnosis is the patient's date of death NOT the date of the autopsy. Please see p.126 of the 2023 [STORE Manual](#) or <https://training.seer.cancer.gov/abstracting/procedures/pathological/histologic/autopsy/>.

## Laterality:

The list of paired organs is available on pp. 46 and 47 of the [STORE Manual](#). Per the 2023 Solid Tumor Rules general instructions, laterality is an indication of which side of a paired organ/site a tumor is located; paired organ/site are those that are on two sides of the body (right side vs left side).

## SEER Summary Stage:

The SEER Summary Stage should be included in the staging text. Please keep in mind when coding the SEER Summary Stage for non-Hodgkin lymphomas, that x-ray and scan text should support the code 7 (distant or disseminated disease). This is often confused with leukemia, which is a disseminated disease. For benign brain tumors, SEER Summary Stage should be coded to "8-not applicable."

# OCISS Contact Information

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Questions or suggestions for the OCISS Newsletter? Please contact Jeremy Laws ([Jeremy.Laws@odh.ohio.gov](mailto:Jeremy.Laws@odh.ohio.gov), 614-644-9101) or email the general OCISS inbox ([OCISS@odh.ohio.gov](mailto:OCISS@odh.ohio.gov)) with subject line "OCISS Newsletter."