OCISS Newsletter

NOVEMBER

Pancreatic Cancer | Lung Cancer | Stomach

Carcinold Cancer | Honoring Caregivers

Inside this issue:

OCISS Updates

Web Plus v21

Web Plus v21 was released into production on September 8, 2021. We are now able to accept cancer reports for all diagnosis years, including 2021. Many thanks for your patience and understanding during this transition.

Release notes for v21 are found on the Ohio Cancer Incidence Surveillance System (OCISS) website under the headings for both hospital and non-hospital reporters. The edits metafile is under the section for hospital reporters. Note that OCISS can accept both v18 and v21 files from reporters with their own cancer registry software.

Keep in mind that there will be additional system upgrades in 2022 to comply with North American Association of Central Cancer Registries (NAACCR) v22 standards.

Web Plus Manuals

OCISS is working to update the Web Plus manuals for v21. These will be posted on the OCISS Website and in Web Plus in the coming months. There are three manuals based on type of reporting facility and reporting method: Non-Hospital Abstracting, Hospital Abstracting, and Hospital File Upload. Please use these manuals as a "how-to" guide when working in Web Plus. If you have any questions or issues when working in Web Plus, please contact Kaitlin Kruger (Kaitlin.kruger@odh.ohio.gov or 614-728-2304).

M (Modified) Records

OCISS continues to explore M (modified) record reporting from cancer reporters with their own cancer registry software. M records will allow OCISS to receive initial case reports in a more timely manner and allow for updates with missing information, such as first course of treatment, to be submitted when available.

We have contacted software vendors that Ohio reporters are currently using for cancer reporting and have learned that they would be able to accommodate M record reporting. We will soon be working with several hospitals to pilot M record reporting to better understand the impact on workload for both hospitals and OCISS.

Close Out 2020

OCISS will be starting the close out process for cancer cases diagnosed in a hospital in calendar year 2020. Hospital reporters will receive a Survey Monkey link to the close out questions. The survey will be open starting November 1 and we request that responses be submitted by November 30. This process allows us to confirm receipt of data, see where there are discrepancies, and understand where there are reporting delays. Please contact Jeremy Laws with any questions (Jeremy.Laws@odh.ohio.gov or 614-644-9101).

OCISS Updates continued

Ohio Department of Health

Unknown Race and Unknown Stage

OCISS followed up with facilities that reported cases with unknown race. Because of your review, we were able to update unknown race to a known race for more than 500 cases (~20% of cases initially reported with unknown race for 2019). We have 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 500 cases initially reported with unknown stage for 2019. Thank you all for your review and follow-up!

Reporting Reminders

OCISS will continue to send monthly and quarterly reporting reminders. Moving forward, the submissions report that is included with these reminders will only include OCISS Reporting Source ID (RSID), rather than hospital name. If you do not know your RSID, please contact Kaitlin Kruger (Kaitlin.kruger@odh.ohio.gov or 614-728-2304). We look forward to everyone getting back in step with monthly/quarterly reporting now that Web Plus has been updated and we can accept both v18 and v21 file and cases for all years through diagnosis year 2021.

New Cancer Publications

Annual Report: ODH has released *Ohio Annual Cancer Report 2021.* This report provides a summary of cancer incidence data for 2018, the most recent and complete year of OCISS data now available to the public, along with cancer mortality data for 2018, cancer trends for 2009 to 2018, and new county maps for the top four cancers and all cancers combined in 2014 to 2018. ODH's published cancer reports can be found on the OCISS Data and Statistics website.

Urban/Rural Report: ODH, in collaboration with The Ohio State University, has recently released *Cancer Incidence and Mortality in Urban and Rural Census Tracts in Ohio.* This report examines disparities in cancer incidence, mortality, and stage at diagnosis between Ohio's urban and rural census tracts.

Cancer Stats & Facts: ODH continues to post *Cancer Stats & Facts for Ohio* each month to make cancer information and data available in an easy-to-read one-page format and to increase cancer awareness. Ohio-specific data are provided for cancer incidence, cancer deaths, survival, and early detection. *Cancer Stats & Facts* were posted to the ODH website main-page banner and social media for leukemia in July, ovarian cancer in August, and prostate cancer in September. These and previous cancer awareness fact sheets in 2020 and 2021 are also available on the OCISS website.

Cancer Registrar Training Opportunities

The American College of Surgeons (ACOS) Answer Forum Live Webinars. Information can be found here.

- *RCRS 1 year later:* October 13, 2021 at 1:00pm.
- *2022 STORE changes:* December 15, 2021 at 1:00pm.

The National Cancer Registrars Association (NCRA) has information on training webinars here: NCRA's Cancer Registry Events page.

Other states (including Indiana, Pennsylvania, and New York) are holding annual conferences this fall and allowing for virtual attendance. More information can be found by visiting NCRA's state registry association page.

NAACCR Webinar Summaries

NAACCR hosts monthly webinars that provide three continuing education credits. OCISS makes these available on the Web Plus homepage. Please contact Kaitlin Kruger Kaitlin.Kruger@odh.ohio.gov or 614-728-2304) if you need access to Web Plus. 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.

Kidney (June 2021 Webinar)

This webinar highlighted important resources when coding primary site and lymph nodes for kidney cases.

- Transitional cell carcinoma rarely arises in the kidney (C649); code to renal pelvis (C659) unless pathology confirms the tumor originated in C649 (see p.1 of the Solid Tumor Rules for kidney).
- Code histology PRIOR TO neoadjuvant therapy. EXCEPTION: Diagnosis based on FNA, smears, cytology, OR from a regional or metastatic site and neoadjuvant treatment followed by resection identifies a different or specific histology; in this scenario, code the histology from the resected primary site (see p.15 of the Solid Tumor Rules for kidney).
- The NAACCR SSDI manual has additional coding information, beyond what is in the AJCC manual.
- Though the EOD fields are NOT required for reporting to OCISS, the following information is helpful when determining primary site:
    1. Gerota's fascia is a fibrous tissue sheath surrounding the kidney and suprarenal of the adrenal gland. The perirenal fat, renal capsule, and renal parenchyma lie below the fascia.
    2. The most common site for renal parenchymal cancer to develop is in the proximal convoluted tubule. Tumor extension from one of these structures into another is coded 100 and is dependent on tumor size in the absence of further involvement. Lymphadenopathy is often mentioned in imaging; this does NOT mean that there is lymph node involvement.

Quality in CoC Accreditation (July 2021 Webinar)

This webinar provides an overview of 2020 Commission on Cancer Standards (CoC) related to quality. The complete *Commission on Cancer Optimal Resources for Cancer Care 2020 Standards* can be found here. Some notable changes from the 2016 standards include:

- *Standard 6.1* **Cancer Registry Quality Control:** The required random sampling of annual analytic cases to be reviewed is 10% of the caseload, but no more than 200 cases (compared to 300 cases in the 2016 Standards Manual). The quality coordinator conducting the review is no longer required to be a physician. It can now be performed by a physician, physician's assistant, advanced practice registered nurse, or certified tumor registrar (CTR); however, a CTR cannot review their own cases.
- *Standard 7.1* **Accountability and Quality Improvement Measures:** The Cancer Program Practice Profile Reports (CP3R) is replaced with the Expected Performance Rates (EPR) accountability and quality improvement measurability tool.
- *Standard 7.2* **Monitoring Concordance with Evidence-Based Guidelines:** The annual in-depth analysis of diagnostic evaluation and treatment of patients in concordance with evidence-based guidelines still needs to be performed by a physician. However, that physician is no longer required to be a member of the Cancer Committee as stated in 2016 standards.
- *Standard 7.3* **Quality Improvement Initiative:** Under the guidance of the cancer liaison physician (CLP), the cancer committee must perform at least one cancer-specific quality improvement initiative each year. This differs from the 2016 standard which required at least two studies to be performed each year.

Breast (August 2021 Webinar)

This webinar discussed highlights and changes for abstracting breast cancer cases. The items below serve as reminders for coding AJCC staging, Site-Specific Data Items (SSDIs), and surgery code fields.

- The ER, PR and HER2 scores are taken from the largest tumor (p. 199, NAACCR SSDI Manual v2.0).
- A tissue expander serves as a space holder for a breast implant. When choosing a surgery code *(RX SUMM--SURGERY TYPE*) and a tissue expander is present, code as "Implant." If the type of implant is unknown, code as implant NOS. For more information, see "SEER Note" on p. 2 of SEER Program and Staging Manual 2021, Appendix C: Surgery Codes.
- Non-contiguous multiple tumors in different quadrants/subsites determined to be a single primary are coded to C509 (see "Breast Equivalent Terms and Definitions" of the Solid Tumor Rules Manual).

Breast webinar continued

- When coding Site-Specific Data Items (SSDIs) for genomic test scores, the "results from nodal or metastatic tissue may be used **only** when there is no evidence of a primary tumor" (pages 200, 205, 214-216, 219 and 239, "Note 3;" p. 236, "Note 6," NAACCR SSDI Manual v2.0).

Coding Pitfalls (September 2021 Webinar)

This webinar predominantly discussed coding of lymph nodes and included illustrative scenarios. Although most of the fields reviewed are Commission on Cancer-required and not required by OCISS, the fields Regional Nodes Positive and Regional Nodes Examined (NAACCR Data Items 820 and 830) are *required* by OCISS, and are therefore relevant for all Ohio reporters. Important forthcoming changes to NAACCR v22 and the International Classification of Diseases for Oncology, 3rd edition (ICD-O-3) manual were also discussed.

- When a positive core needle biopsy is done on one date followed by a resection at a later date (regardless of facility), and the core needle biopsy is in the *same lymph node region as the resection*, DO NOT count that lymph node in the count of total lymph nodes because it is in the same chain. Please refer to p. 162 of the STORE Manual 2018.
- When a core positive biopsy is from a node in a *different lymph node region*, DO include the lymph node in the count of total lymph nodes positive because it is from a different chain. Please see STORE Manual 2018.
- A central location with links to upcoming changes for NAACCR v22 can be found here.
- Upcoming changes to histology and behavior codes can be found in the ICD-O-3 Implementation Guidelines here.

OCISS Data Use by Researchers

OCISS data are requested by many researchers each year. To obtain access, researchers must submit an application to the ODH Institutional Review Board (IRB). The ODH 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. This information can be found at https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/institutional-review-board.

Since January 2021, there have been three new IRB-approved studies using OCISS data.

- **Examining for Clusters of Uveal Melanoma by Postal Code within Ohio.** The Primary Investigator (PI) is Arun Singh, MD from Cleveland Clinic, Cole Eye Institute. This is a review of cases of a very rare eye cancer, to see if there are any clusters in Ohio. There have been clusters found in Auburn, AL and in Huntersville, NC. For more information about studies of uveal melanoma, see https://pubmed.ncbi.nlm.nih.gov/33447587/.
- **The STRIVE Study: Development of a Blood Test for Early Detection of Multiple Cancer Types.** The PI of the STRIVE Study is Zahraa Al-Hilli, MD from Cleveland Clinic Foundation. This is a linkage study of a cohort of women who have been screened for breast cancer who also agreed to be in a study to research a blood test that may help find invasive cancers (breast and otherwise). For more information about the STRIVE Study, see https://clinicaltrials.gov/ct2/show/NCT03085888.
- **Fernald Community Cohort**. The PI for this study is Susan Pinney, PhD, from the University of Cincinnati. This study is conducting a linkage between OCISS data and a cohort of individuals who lived close to the now closed Fernald, Ohio uranium processing plant. This linkage is to look for individuals in this cohort who developed cancer and to confirm cancers self-reported to the researchers by individuals in the cohort. For more information about studies on the Fernald Community Cohort, see https://med.uc.edu/depart/eh/research/projects/fcc/home.

OCISS Staff Coding Tips

- **Race and Ethnicity:**
  Race and Ethnicity are not the same and are collected as two separate data fields. Please make sure to review the medical record and include the appropriate information in each field (see pgs. 79-89, STORE Manual). Additionally, several scenarios for coding race are explained in pages 66-67 of the SEER Program Coding and Staging Manual 2021. One common scenario is when a patient's race is described as "white or Caucasian" and the medical record indicates they are also Hispanic or Latino(a) without further information. Per page 67 of the SEER Program Coding and Staging Manual 2021, this patient should be coded as *White* in the Race1 field; no other race information should be coded. The person should be coded as Hispanic in the Hispanic field.

- **Sex:**
  Please review the medical record when determining a patient's Sex (NAACCR Data Item 220). It is important to never assume a patient's sex by their name.

- **Laterality Clarification:**
  When reporting Laterality (NAACCR Data Item 410) the location of a positive biopsy may not determine the correct laterality code. If the site of the tumor's location is not a *paired organ site*, then laterality should be reported as "0" (not a paired site). Please see the list of paired organ sites on pgs. 23-24, STORE Manual.

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

OCISS Contact Information

OCISS Staff	Contact for questions on:	Contact Information
Alice Daugherty, CTR	CNS, Hematopoietic Neoplasms, Sinuses, Thyroid	Alice.Daugherty@odh.ohio.gov
Jamie Fike	Lung	Jamie.Fike@odh.ohio.gov
Rebecca Levings, RHIT	Colorectal, Anus, Liver, Kidney	Rebecca.Levings@odh.ohio.gov
Debbie Mercer, CTR	Soft Tissues, Bone, Female Genital Organs	Deborah.Mercer@odh.ohio.gov
Bill Ruisinger, CTR	Testis, Genitourinary System, Head and Neck, Peripheral Nerves	William.Ruisinger@odh.ohio.gov
Sheri Stuckey	Breast	Sheri.Stuckey@odh.ohio.gov
Cyndi Worden	Prostate, Penis, Pancreas, Skin	Cynthia.Worden@odh.ohio.gov
Roberta Slocumb	Data Requests	Roberta.Slocumb@odh.ohio.gov or 614-995-5972
Kaitlin Kruger	Web Plus Access, Password Resets	Kaitlin.Kruger@odh.ohio.gov or 614-728-2304
Jeremy Laws, CTR	Cancer Reporting	Jeremy.Laws@odh.ohio.gov or 614-644-9101
Lynn Giljahn	General Registry Questions	Lynn.Giljahn@odh.ohio.gov or 614-644-1844
OCISS	General Information	OCISS@odh.ohio.gov or 614-752-2689