October 2019 Quarterly

OHIO CANCER INCIDENCE SURVEILLANCE SYSTEM

OCISS Newsletter

Inside this issue:

OCISS Updates

NAACCR v 18 Update

NAACCR has recently released a v18D version of edits. OCISS has reviewed the new edits and is in the process of updating and testing the edits; it appears the changes will be minimal. OCISS will be posting the new edit set on our website and on the Web Plus landing page. We will let you know when it is available.

Cancer reporters can submit their cases to OCISS as we make this transition, including hospitals that file upload and have already incorporated a v18D editset into their software.

Death Clearance

Thank you for your assistance in providing information on cancer deaths identified by OCISS on death certificate review.

Audits

OCISS has completed text to code audits on hospital cases diagnosed in 2017 and results have been emailed out to hospitals. Please contact OCISS if you did not receive this information. OCISS recently sent letters to leadership at those hospitals that had audit scores higher than the state average – letting them know of the good work you do.

Note that we were unable to complete audits for hospitals that were in arrears with 2017 reporting. We will complete those audits when reporting is complete.

The audits highlighted some areas of improvement for coding practices. We have included some tips on page 3 to help all reporters (hospital and non-hospital) with these fields.

Monthly/Quarterly Reporting

Monthly reporting reminders resumed in September; quarterly reporting reminders will resume in October.

Points of Contact

Lily Tatham is no longer working with OCISS. Please direct any questions on Web Plus, password re-sets, or user access to Debbie Mercer or Jeremy Laws. We will let you know when we back-fill Lily's position.

Note the listing of OCISS Registrars on page 4. We want to make sure you know who is on our team as they oftentimes reach out to reporters.

Save the Date!

NCRA Annual Educational Conference
May 31-June 3, 2020—Lake Buena Vista, FL

NAACCR Annual Conference
June 21-26, 2020—Philadelphia, PA

OCRA Annual Meeting
September 10 & 11, 2020—Strongsville, OH

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 Jeremy Laws at Jeremy.laws@odh.ohio.gov or (614) 644-9101.

Ovary Webinar (June 2019 webinar)

- For cases diagnosed 2018 and later, there are new histology codes for serous carcinoma (8441/3). Low grade serous carcinoma is now 8460/3 and high grade serous carcinoma is now 8461/3.
- For Serous Tubal Intraepithelial Carcinoma 8441/2, assign AJCC T1 as Tis is not a valid code. AJCC ID XX will be assigned and this makes it non-eligible for staging.
- There is no AJCC staging for site code C56.8 (tubo-ovarian) as this is a very broad term. It is advised to try to find a more specific primary, *if possible*.
- Parenchymal metastasis is when there are metastases within the organ, not on the surface.
- Grade of ovarian primaries is histology-specific (see tables below). Be careful when assigning grade and please remember that FIGO Stage is **NOT** the same as FIGO Grade. For all histologies, use code 9 when the grade cannot be assessed or is unknown (the grade manual is available here).

Histologies OTHER than teratomas/serous carcinomas	
Code	Grade Description
1	G1: well differentiated
2	G2: moderately differentiated
3	G3: poorly differentiated/undifferentiated

Teratomas and serous carcinomas	
Code	Grade Description
L	Low grade
H	High Grade

Accreditations Webinar (July 2019 webinar)

- Provided updated standards tracking templates to prepare for CoC survey
- Introduced new tracking/reporting templates for NAPRC/NAPBC Accreditation
- Showed how to review Case Finding reports for improved workflows
- Provided tips for Cancer Conference reporting
- Provided templates for recording minutes, survey prep, and CTR Education tracking

Coding Pitfalls Webinar (September 2019 webinar)

The September Webinar was Coding Pitfalls. Topics included common errors when coding diagnostic, treatment, and staging fields, which will be highlighted in the OCISS Newsletter for January. As a quick reminder, please be sure to use the most recent versions of the manuals and resources when abstracting cases.

Janet Vogel, one of the presenters of the webinar, recently had an article published on abstracting tips for 2018 in the *Journal of Registry Management*, spring edition. The Spring Edition is available here, and the article is on page 19.

Solid Tumor Rules—Breast

In August and September we had multiple webinars covering the Breast Solid Tumor Rules: NAACCR's August Webinar and NPCR/NAACCR's joint "train the trainer" webinar series (which is available to central cancer registries). Highlights from both webinars are summarized below. The Breast Solid Tumor Rules, *updated in July 2019*, are available here.

- For cases diagnosed 2018 and later, code the primary site to C509 when there are multiple tumors (2 or more) in at least 2 quadrants of the breast. These are not separate primaries. See the SEER Program Coding and Staging Manual, Appendix C for more information (available here).
- For "invasive only" tumors, H14 is the 90 percent rule, which is used when the tumor is composed of two histology types of different proportions. Code the **subtype/variant** (specific histology) **ONLY** when there is a NOS/NST and a subtype/variant **AND** the subtype/variant is documented to be **greater than 90 percent** of the tumor.
    - *NOTE*: When a histology is listed as "minimal", "focus/foci/focal", "microscopic", you can assume the other histological portion comprises greater than 90 percent of the tumor.
- For "invasive only" tumors, per H16, code the histology that comprises the **majority (greater than 50 percent)** of the tumor when **two histologies** are: on different rows in *Table 3* in Equivalent terms and definitions **OR** different subtypes of the same NOS.
    - *NOTE*: The majority may be indicated by terms such as "greater than 50 percent", "major", "majority", and "predominantly".
- ***Please note***: Mammary carcinoma is a synonym for carcinoma no special type (NST)/duct carcinoma not otherwise specified (NOS) 8500. It should no longer be coded as carcinoma NOS 8010.

OCISS Abstracting Tips for TEXT

We have included highlights from the results of the audits. These are common areas for improvement for ALL of our reporters, hospital and non-hospital.

- **Text**—when processing cancer reports, OCISS relies heavily on the text fields to support coded values. Here are some tips for different 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", text should state "localized".
    - *Surgery text* should describe the surgical procedure performed, including date, location, and procedure (ex. 9/8/17 (Main Campus) wide excision with 1cm margins).
    - Although OCISS does not collect *Operative text*—here is information on what should be in this field and how it differs from surgery. *Operative text* should describe the surgeon's findings during the operative procedure (ex. 9/8/17 (Main Campus) tumor abutted the abdominal wall; 10/15/17 (ABC Hospital) no visible liver or peritoneal metastases).
- **Laterality**—the list of paired organs is available on pages 23 and 24 of the STORE Manual (available here). Per the STORE Manual, organs that are not paired, unless they are recorded "right" or "left" laterality, are coded 0. Keep in mind, that according to the 2007 MP/H Rules and the 2018 Solid Tumor Rules, laterality determines a new/same primary for paired sites only.
    - Per the 2007 MP/H Rules (available here) and the 2018 Solid Tumor Rules (available here) 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**—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".

Ohio Department of Health

Ohio Cancer Incidence Surveillance System

OCISS
Bureau of Health Improvement and Wellness
Ohio Department of Health

www.odh.ohio.gov

Web Plus Issues?
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OCISS Abstracting Tips for 2018

- Radiation treatment modality has two different fields on the Web Plus form. Choose each code according to diagnosis year.
  - Phase 1 Radiation Treatment (**cases dxd 2018+**) - should be blank for cases diagnosed before 2018.
  - Regional Radiation Type (**cases dxd prior to 2018**) - should be blank for cases diagnosed 2018+.
- **Grade Clinical**—record the grade of the solid primary tumor *before* any treatment (surgical resection, systemic therapy, radiation therapy, neoadjuvant therapy).
- **Grade Pathological**—record the grade of a solid primary tumor that has been *surgically resected* and for which no neoadjuvant therapy was administered.
- **Grade Post Therapy**—record the grade of a solid primary tumor that has been resected *following* neoadjuvant therapy (radiation, chemotherapy, immunotherapy, etc.).
  - *Leave **blank** when*: neoadjuvant therapy *is not administered* **OR** it is a clinical or pathological case only **OR** there is only one grade available and it cannot be determined if it is clinical, pathological or post therapy.
  - *Use **9** when*: surgical resection is done after neoadjuvant therapy **AND** grade from primary site is not documented **OR** surgical resection is done after neoadjuvant therapy **AND** there is no residual cancer.

ODH Releases New Cancer Publications

The Ohio Department of Health (ODH) has recently updated a series of county-level profiles based on data from 2012 to 2016, the latest five years of complete cancer incidence data available. The new reports provide a summary of the cancer burden in each county and statewide, including the average annual number of new cancer cases and deaths, cancer incidence and mortality rates with comparisons to Ohio and U.S. rates, overall trends in cancer rates, early and late stage data, along with data on cancer risk factors.

ODH's published cancer 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.

OCISS Registrars Staff Listing

Cancer Registrars	Primary Sites
Alice Daugherty, CTR	CNS, Hematopoietic Neoplasms, Sinuses
Jamie Fike	Lung
Kaitlin Kruger, MS	Skin, Kidney, Upper GI, Hepatobiliary System
Rebecca Levings, RHIT	Colorectal, Anus, Thyroid
Debbie Mercer, CTR	Soft tissues, Bone, Small Intestine, Female Genital Organs
Bill Ruisinger, CTR	Testis, Urinary System, Head and Neck
Sheri Stuckey	Breast
Cyndi Worden	Prostate, Penis, Pancreas

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