

# OCISS Newsletter

## Ohio Cancer Incidence Surveillance System

### SEPTEMBER



Childhood Cancer    Uterine Cancer    Leukemia



Lymphoma    Ovarian Cancer    Prostate Cancer



Thyroid Cancer



### OCISS Updates

#### Monthly/Quarterly Reporting Reminders

OCISS continues to send reporting reminders monthly and quarterly. If you are unable to report because you have either reported all cases diagnosed during 2021 and earlier and/or you have converted to v22 software, please disregard the reporting reminders until Web Plus v22 is available. Note that reporters will not be penalized for delayed reporting as we work through this software transition. *See information on Web Plus v22 below.*

#### Web Plus v22

OCISS is in the process of upgrading Web Plus to v22 and we anticipate a release of Web Plus v22 by the end of July. We will notify all reporters when the upgrade is complete, and we can accept both 2022 cases and v22 XML files. Please continue to report any outstanding cases for diagnosis years 2021 and earlier. In preparation for this upgrade, OCISS has developed its edits metafile for NAACCR v22. It is posted to the OCISS website, [here](#). Please contact Kaitlin Kruger at [Kaitlin.Kruger@odh.ohio.gov](mailto:Kaitlin.Kruger@odh.ohio.gov) with questions on Web Plus v22 or edits.

#### Modified Records

During the past year, OCISS has completed a pilot with several hospitals to evaluate the processing and functionality for NAACCR Record Type M reporting. Modified or M records are update records that provide additional information after an abstract is initially submitted, such as staging and treatment data. The pilot has been successful – both for participating hospitals and OCISS. We are pleased to announce that we will begin accepting M records from all hospitals that have their own cancer registry software with conversion to v22. OCISS has worked with the software vendors used by Ohio’s hospitals and determined that all have the capability to generate and customize M records and have built this functionality into their v22 software. OCISS has notified hospitals of this change and the schedule for submitting M records. Hospitals and other reporters who enter their cancer reports directly



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into Web Plus will not change their reporting process. For questions about M record reporting, please contact Kaitlin Kruger at [Kaitlin.Kruger@odh.ohio.gov](mailto:Kaitlin.Kruger@odh.ohio.gov), or 614-728-2304.

### Death Clearance

OCISS has started Death Certificate follow-back for diagnosis year 2020. 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 August 31, 2022. If you have questions, please contact Bill Ruisinger at [William.Ruisinger@odh.ohio.gov](mailto:William.Ruisinger@odh.ohio.gov).

### 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.

### OCRA Conference

OCISS is excited to announce that Denise Harrison will provide training at this year's Ohio Cancer Registrars Association Annual Educational State Meeting. For more information on this event, please see the *Cancer Registrar Training Opportunities* section of this newsletter.

### OCISS Data Evaluation

In late 2020, OCISS submitted data for cancers diagnosed from 1996-2019 to 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

The OCISS Advisory Committee meets twice a year. The group has been helpful in providing input and feedback on M (modified) record reporting, which we anticipate will improve the timeliness and completeness of cancer data reporting. *See information on Modified Records above.* OCISS is working with the Committee to identify data quality reports to provide to reporters.

### OCISS Transitions

OCISS is pleased to welcome two new cancer registrars: Mahima Jain and Cheryl Radin-Norman. Mahima and Cheryl joined our team in mid-April. Their contact information is listed on the last page of this newsletter. Welcome Mahima and Cheryl!

Lynn Giljahn will be retiring at the end of July after 38 ½ years with the Ohio Department of Health – about 10 of which have been with OCISS. She is thankful and appreciative to all those who welcomed her into the cancer registry community and guided and mentored her through the years. She looks forward to traveling to visit family and friends, volunteering at the performing art centers in central Ohio, volunteering and learning more about gardening as a Master Gardener intern, playing more tennis, reading and, hopefully, finding some time to tackle those home projects that never seem to get done. Lynn's presence and guidance will be greatly missed by the entire OCISS team!

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## New Cancer Publications

The Ohio Department of Health (ODH) has released *Ohio Annual Cancer Report 2022*. This report provides a summary of cancer incidence data for 2019, the most recent and complete year of OCISS data now available to the public, along with cancer mortality data for 2019, cancer trends for 2010-2019, and new county maps for the top four cancers and all cancers combined in 2015-2019. ODH's published cancer reports can be found on the [OCISS Data and Statistics](#) website. Ohio's data are also available on the United States Cancer Statistics (USCS) Data Visualizations [website](#).

OCISS data were recently updated in the Ohio Public Health Data Warehouse (which is also available on the [OCISS Data and Statistics](#) website) to include information for diagnosis years 1996-2019. The public warehouse includes 13 reports of aggregate data which can be customized to include selected diagnosis years, cancers, counties, etc. One of the reports provides cancer information by zip code, a frequent request of hospitals. Additionally, there are two report builders that allow users to create their own reports.

## OCISS Data Use by Researchers

The ODH Institutional Review Board (IRB) is a group of individuals from state of Ohio 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. There have not been any new IRB-approved studies using OCISS data since our last newsletter. For more information, please see the ODH [IRB site](#).

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## Cancer Registrar Training Opportunities

### 2022 Ohio Cancer Registrars Association Annual Educational State Meeting

Sept. 15-16, 2022

Nationwide Hotel and Conference Center,  
Lewis Center, Ohio

For more information visit the [OCRA website](#).

### 2022 SEER Advanced Topics for Registry Professionals Workshop

Sept. 20-22, 2022 (Virtual)

The workshop is complimentary, but registration is required. Registration will be open from July 5 - Sept. 16, 2022. The workshop is open to all registrars, not just those in SEER states. The registration link and agenda can be found on the [NCRA website](#).

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## NAACCR Webinar Summaries

NAACCR hosts monthly webinars that provide three continuing education credits. OCISS makes these available in Web Plus (contact Kaitlin Kruger at [Kaitlin.Kruger@odh.ohio.gov](mailto:Kaitlin.Kruger@odh.ohio.gov), or 614-728-2304 if you need access) and through the Fundamental Learning Collaborative for the Cancer Surveillance Community (FLccSC) platform. To create a user 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.

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## Hematopoietic, Lymphocytic Neoplasms (April 2022 Webinar)

This webinar covered diagnostic confirmation, case reportability, and the use of the [SEER Hematopoietic and Lymphoid Neoplasm Database and Coding Manual](#). Some highlights include:

**Histology Coding Instructions:** Page 41 of the [Hematopoietic and Lymphoid Neoplasm Coding Manual](#) provides instructions for coding histology when Definitive Diagnostic Methods are available. As noted on that page, there is no hierarchy among the items on that list. Additionally, there is a separate, hierarchical list to use

when Definitive Diagnostic Methods are not available. This list is also on p. 41 of the [Hematopoietic and Lymphoid Neoplasm Coding Manual](#). Further instructions can be found in the definitive diagnostic methods section of the [Heme Database](#).

**Diagnostic Confirmation:** Beginning with cases diagnosed January 1, 2022, use diagnostic confirmation code 3 with the histologies *listed below*. See p. 64 of the [Hematopoietic and Lymphoid Neoplasm Coding Manual](#) for more information.

Note 2: These are histologies that are defined by positive genetics and/or immunophenotyping or genetics and **must always have diagnostic confirmation code 3** (Edits enforced 2022+)

Genetics and/or immunophenotyping	Genetics only
Table B5: Myelodysplastic Syndromes	Table B6: Acute Myeloid Leukemia (AML) and Related Precursor Neoplasms
9986/3	9865/3
Table B7: Acute Leukemias of Ambiguous: Lineage	9866/3
9806/3	9869/3
9807/3	9871/3
9808/3	9877/3
9809/3	9878/3
Table B8: Precursor Lymphoid Neoplasms	9879/3
9812/3	9896/3
9813/3	9897/3
9814/3	9911/3
9815/3	9912/3
9816/3	9965/3
9817/3	9966/3
9818/3	9967/3
	9968/3

Source: SEER's Hematopoietic and Lymphoid Neoplasm Coding Manual, Appendix B.

## Colon (May 2022 Webinar)

This webinar examined anatomy and scenarios related to 2022 STORE (Solid Tumor Rules and Standards for Oncology Registry Entry Manual 2022) changes regarding tumors of the colon.

### 2022 Updates

- Colon surgery codes 11, 13 and 14 are removed from [STORE 2022](#).
- [Multiple primary rules](#), "New for 2022" section: Page 3 highlights changes for 2022 cases. For cases diagnosed on or after January 1, 2022, the timing rule for subsequent tumors at the anastomosis is now 36 months, instead of 24 months. For cases diagnosed 2018-2021, the timing rule remains at 24 months.
- Rule H5 for 2022 states that low grade appendiceal neoplasms (LAMN) and high grade appendiceal neoplasms (HAMN) are reportable 1/1/22 and forward when assigned a behavior code /1. These are now considered in situ even if the behavior is not indicated. See p. 33 of the [2022 Solid Tumor Rules for Colon](#), Colon, [revision history](#).

## Central Nervous System (June 2022 Webinar)

This webinar covered anatomy, SSDIs (Site-Specific Data Items), and solid tumor rules regarding CNS tumors and pediatric CNS cases.

### Important Solid Tumor Rules (STR) 2022 Changes

#### Malignant CNS STR Changes:

- Rule [M4](#) on p.36 of 2022 STR is a *new rule* which clarifies a single tumor is *always* a single primary. If a subsequent resection of a non-malignant tumor results in a malignancy, only the malignant behavior is reportable.
- In accordance with [Rule M6](#) on p. 39 of STR, glioblastoma multiforme (GBM) after an astrocytic or glial tumor is now a multiple primary.

**Non-malignant CNS STR Changes:**

- Pilocytic astrocytoma is a synonym for optic nerve glioma. When the primary tumor site is optic nerve(s), the behavior is non-malignant. [Rule M6](#) on p. 41 of Non-malignant CNS Solid Tumor Rules states that bilateral optic gliomas/pilocytic astrocytomas are a *single primary*. Each bilateral tumor may be staged differently to determine effective courses of treatment.

**Neurofibromatosis Clarification**

Neurofibromatosis (NF) is *NOT* cancer. NF1, NF2, and schwannomatosis are genetic syndromes. Those with this syndrome have a high risk of developing both non-malignant and malignant tumors. Malignant tumors associated with NF are reportable. For more information, please see p. 4 of the [Malignant CNS Solid Tumor Rules](#).

## OCISS Staff Coding Tips

**Ambiguous Terms at Diagnosis**

As a part of case finding, all diagnostic reports should be reviewed for reportability. If the diagnosing terminology is ambiguous, refer to the “Ambiguous Terms at Diagnosis” list on pp. 39-40 of the [2022 STORE Manual](#). For more information and examples, please review p.10-14 of the [SEER Coding and Staging Manual](#).

**Skin Cancer Reportability**

Basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) continue to not be reportable to OCISS. See the NPCR column, row 2 of “Table 2. NAACCR Version 22: Comparison of Reportable Cancers: CoC, SEER, NPCR and CCCR,” found under [NAACCR CHAPTER III: STANDARDS FOR TUMOR INCLUSION AND REPORTABILITY](#). Reportability information for all standard setters is found there as well. OCISS adheres to NPCR requirements.

## 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.”