

# Spring 2024

## OCISS Quarterly Newsletter

Ohio Cancer Incidence Surveillance System



Department of  
Health



## Awareness Months



**April**

*Testicular Cancer  
Awareness Month*



**April**

*Esophageal Cancer  
Awareness Month*



**April**

*Head and Neck Cancer  
Awareness Month*



**May**

*Skin Cancer  
Awareness Month*



**May**

*Brain Tumor  
Awareness Month*



**June**

*Cancer Survivor Month*

## OCISS Updates National Cancer Registrars Week

National Cancer Registrars Week was April 8-12, 2024.

This year's theme was *A Diverse Workforce Serving a Diverse Population*. Cancer registrars collect data that provides essential information to researchers, healthcare providers, and public health officials to better monitor and advance cancer treatments, conduct research, and improve cancer prevention and screening programs. There would not be cancer surveillance without cancer registrars, their extensive knowledge, and the quality data they generate. OCISS is grateful for the important work cancer registrars do every day!

Ohio Governor Mike DeWine and Lieutenant Governor Jon Husted signed a proclamation recognizing National Cancer Registrars Week and the important work performed by Oncology Data Specialists across the state. Click [here](#) to view the proclamation.

## Cancer Reporting in 2024

At this time, OCISS cannot accept data for cases diagnosed in 2024 or NAACCR Version 24 (v24) format. OCISS will be upgrading Web Plus to v24 to accept these cases and files. The Centers for Disease Control and Prevention (CDC) indicated Web Plus v24 should be available later this spring and OCISS plans to implement Web Plus v24 by July 2024. We will keep you posted about our timeline and notify reporters of any major changes in reporting. We appreciate your patience as we complete this software conversion.

For hospitals with their own registry software, OCISS will be able to accept v23 and v24 files when we update Web Plus to v24.

If you update to v24 before OCISS does, and are no longer able to export v23 files, then you can put your reporting on hold until the OCISS conversion is complete. We understand that you may need to complete the v24 upgrade for other purposes, so please keep us posted on your v24 software conversion and notify OCISS of any delays in reporting. Please contact Kaitlin Kruger ([Kaitlin.Kruger@odh.ohio.gov](mailto:Kaitlin.Kruger@odh.ohio.gov)) with any questions that you may have.

## Timeliness

In February, OCISS shared our new quarterly timeliness report with our hospital reporters. Thank you to everyone who shared their challenges or barriers for reporting within the six-month timeline. Some of the challenges and barriers you shared are related to staffing, backlogs, software, volume, finances, competing priorities or responsibilities, and we are sure there are many others.

One of the challenges for timeliness we are hearing about is needing to hold on to abstracts until treatment has been completed. As we know, some cancer treatments can last much longer than six months, and/or not even be decided upon within six months. Historically, OCISS has not been able to receive updated information after the abstract was initially submitted. For this reason, we always asked everyone to hold on to your data until treatment is completed. However, with the introduction of Modified Record Reporting (aka M records, corrections, or update records), OCISS can now receive updates after the initial abstract is submitted.

In March 2024, OCISS shared a communication with hospital reporters using their own software, asking reporters to utilize and leverage M records to help with reporting timeliness. If treatment has not been completed within six months of date of diagnosis/first contact, please submit the abstracts with the information you have available at that time as an A record. When first-course treatment is completed, update the record, and submit it as an M record. If your facility does not have the ability to send M records, please continue to hold abstracts until treatment has completed.

Additionally, we understand the 2024 software upgrade may impact your reporting timeliness and/or your ability to report within six months of diagnosis or date of first contact.

## Modified (M) Record Reporting

Reminder: OCISS will now only be collecting M records annually and this will occur in July of each year. Also, we will only be collecting M records for our 24- and 12-month data each year (i.e., the past two diagnosis years), which will be based on date of first contact. In July 2024, we expect M records to be submitted for updated cases with a date of first contact in 2022 or 2023. We understand the M record submission may be delayed due to the v24 upgrade. If you have any questions or concerns about M record reporting, please contact Kaitlin Kruger ([Kaitlin.Kruger@odh.ohio.gov](mailto:Kaitlin.Kruger@odh.ohio.gov)).

## OCISS Data Available on Data Ohio Portal

As part of the Ohio Department of Health's (ODH) commitment to advance data analytics and ensure data accessibility, ODH is transitioning from the current Ohio Public Health Information Warehouse (OPHIW) to the State of Ohio's InnovateOhio [DataOhio Portal \(DOP\)](#). The DOP is a state-wide portal for data management and analytics solutions, offering new tools, and streamlining data access requests. Beginning in May 2024, users will access cancer incidence data and report builders on the DOP. If you need assistance accessing cancer data on the DOP, please contact Roberta Slocumb ([Roberta.Slocumb@odh.ohio.gov](mailto:Roberta.Slocumb@odh.ohio.gov)).

## New Cancer Publications

The trends report, Trends in Cancer Incidence, Mortality, and Survival in Ohio, is one of our latest collaborations with The Ohio State University. The report displays cancer trends in Ohio for 23 primary sites and all cancers combined. For each type, we show cancer incidence, mortality, and survival trends over a 20-year period, all on one page. In addition, the report shows cancer trends among Ohioans less than 50 years old for those cancers with increasing national trends for this age group. It is available on the OCISS Data and Statistics page: <https://odh.ohio.gov/know-our-programs/ohio-cancer-incidence-surveillance-system/resources/trends-in-cancer-incidence-mortality-and-survival>.

## 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. For more information, please see the [ODH IRB site](#).

Since the last OCISS newsletter, there have been two new IRB-approved studies using OCISS data.

- **Cohort Study of Lead-Exposed Workers.** The Principal Investigator (PI) is Kyle Steenland, PhD from Emory University. This study is reviewing the health of a cohort of 58,000 lead-exposed workers from ten states. The study is being led by the National Institute for Occupational Safety and Health (NIOSH)/CDC to look for causes of death. They will look for workers who die from cancer by linking their cohort data with various central cancer registries.
- **National Institutes of Health (NIH)-American Association of Retired Persons (AARP) Diet and Health Study.** The PI is Rashmi Sinha, PhD from the National Cancer Institute (NCI). This study is looking at a voluntary cohort of individuals from across the US who are members of AARP who provide information regarding their health and diet habits. This is a study that follows this cohort over time to look at various health outcomes, including cancers.





## Cancer Registrar Training & Education

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

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

June 25-27, 2024

Boise, Idaho-The Grove Hotel

Visit <https://www.naacccr24boise.org/> for more information.

### 2024 Ohio Cancer Registrars Association (OCRA) Annual Educational Conference

Sept. 19-20, 2024

West Chester, Ohio

More information can be found at

<https://ohio-ocra.org/annual-education-meeting>.

### The National Cancer Registrars Association (NCRA) Data Management Badge

NCRA has developed [The Data Management Badge](#) certificate. This program has been designed to increase understanding of cancer registry data and its use, with a focus on ensuring data quality and highlighting critical aspects of data reporting.

The four core competencies include: managing data, ensuring quality, reporting data, and promoting data. These competencies are addressed in eight modules. Each module includes a 30-minute recorded presentation, a Key Terms and Concepts fact sheet, and an assessment. Ninety percent of the presentation must be viewed, and each assessment requires an 80% pass rate to earn the four (4) continuing education (CE) credits and to download the Certificate of Completion and digital badge.

All are welcome to earn the *NCRA Data Management Badge*. It is recommended, but not required, that participants hold the Oncology Data Specialist (ODS) credential and have at least three years of experience in a registry.

## 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.”

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 not collected by OCISS.

### Liver & Bile Ducts (January 2024 Webinar)

Guest Speaker: Denise Harrison

This webinar covered anatomy, solid tumor rules, staging and treatment of liver and bile duct primary malignancies. Several examples, quizzes, and case scenarios were included.

#### STORE Reportability:

PI, BI and LI rads alone are NOT reportable for Commission on Cancer (CoC). Those confirmed with biopsy or physician statement ARE reportable. *Date of diagnosis is the date of biopsy or physician confirmation*

**Liver/bile ducts use** “other sites” solid tumor rules; remember the histology rules do not include ALL histologic types, only the most common.

MP applicable rules: M1, M2, M12, M13, M17-21.

Please make certain that you are using the correct set of rules based on date of diagnosis: 2007-2022 uses 2007 MPH rules; January 1, 2023 and later uses MOST CURRENT version of Solid Tumor Rules, i.e., 2023 diagnosis can use the 2024 version of the STR.

As the liver is a common site of metastasis, it is important to thoroughly examine the medical record and pathology report to confirm the tumor site of origin. Guidelines for assigning primary sites for liver and intrahepatic bile duct neoplasms based on histology and other criteria are included in the newly added Table 9a of the Solid Tumor Rules. For cases beginning Jan. 1, 2023 and forward, if there is no documentation that supports the primary site, code unknown primary C809.

**Table 9a: Guidelines for Assigning Primary Site for Liver and Intrahepatic Bile Duct**

Site of Biopsy or Cytology	Pathology or Cytology Diagnosis	Criteria	Primary Site
<b>Liver C220</b>	<ul style="list-style-type: none"> <li>Adenocarcinoma</li> <li>Adenocarcinoma, subtypes/variants</li> </ul>	Supporting documentation such as scans, lab tests, or definitive clinical diagnosis of intrahepatic bile duct primary and/or definitive diagnosis of cholangiocarcinoma.	<b>C221 8160/30</b>
<b>Liver C220</b>	<ul style="list-style-type: none"> <li>Adenocarcinoma</li> <li>Adenocarcinoma, subtypes/variants</li> </ul>	No documentation supporting the primary site of intrahepatic bile duct is available in the medical record. This includes scans, lab tests, or definitive clinical diagnosis. Liver is a common metastatic site for other neoplasms such as breast, lung, and colon. Code unknown primary site C809 when a primary site is not indicated in the pathology report or medical record.	<b>C809 8140/3</b>
<b>Liver C220 or Intrahepatic Bile Ducts C221</b>	<ul style="list-style-type: none"> <li>Hepatocellular Carcinoma</li> </ul>	Cancer PathCHART review has determined hepatocellular carcinoma is valid for liver C220 only. Code C220 regardless of biopsy/cytology site.	<b>C220 8170/3</b>
<b>Liver C220</b>	<ul style="list-style-type: none"> <li>Combined Hepatocellular Carcinoma and Cholangiocarcinoma</li> </ul>	Cancer PathCHART review has determined combined hepatocellular carcinoma and cholangiocarcinoma is valid for intrahepatic bile ducts C221 only. Code C221 regardless of biopsy/cytology site.	<b>C221 8180/3</b>

## Pancreas (February 2024 Webinar)

Guest Speaker: Vicki Hawhee

This webinar covered anatomy, solid tumor rules, staging and treatment of pancreatic primary malignancies. Examples, quizzes, and case scenarios were included.

### Surgical Coding (2024) B Codes:

- **B300** Partial pancreatectomy, NOS (Example: Distal pancreatectomy or subtotal pancreatectomy).
- **B350** Local or partial pancreatectomy and duodenectomy (Example: Pancreaticoduodenectomy Whipple procedure).
  - **B351** WITHOUT distal/partial gastrectomy, *pylorus preserving Whipple*.
  - **B352** WITH partial gastrectomy, *Classic Whipple*.
  - **NOTE** - Use code B350 when it is not specified where the stomach was cut.
- **B400** Total pancreatectomy.

### Pancreas STR:

**Rule M12** - Abstract multiple primaries when the patient has a subsequent tumor after being clinically disease-free for greater than *one year* after the original diagnosis or recurrence.

**Rule M19** - Abstract multiple primaries when separate/non-contiguous tumors are on *multiple rows* in Table 2-23 of the [Equivalent Terms and Definitions](#). *Timing is irrelevant*.

**Rule M20** - Abstract multiple primaries when an invasive tumor occurs more than *60 days* after an in-situ tumor.

## Boot Camp 1 (March 2024 Webinar)

Guest Speaker: Juliet Wilkins

There are two boot camps this year, allowing more time for core case finding, abstracting and reviewing quizzes, exercises, and case scenarios. There is minimal lecture.

**Class of Case** reflects the facility's role in managing the cancer and whether the cancer is required to be reported by CoC.

There is a subtle but important distinction between Class of Case 00 and Class of Case 10 that is often missed.

### Class of Case 00

This is used when it is **known** that the patient went elsewhere for treatment (i.e., stated in the patient's medical record or the facility has followed up to verify that treatment was given elsewhere).

### Class of Case 10

This is the code used when treatment was **recommended**, but it is unknown if that treatment was given. Further follow-up should be done on these cases to determine what, if any, treatment was given.

### Analytic vs Nonanalytic:

If your facility diagnosed AND/OR provided First Course treatment, Class of Case is Analytic (Class of Case codes 00-22) and is reportable.

Several examples of when Nonanalytic codes are used are follow-up only (after First Course treatment), a consultation, a pathology or lab specimen only, or death certificate only. Nonanalytic Class of Case codes are 30-49 and 99.

See pages 120-121 in the [STORE Manual](#) for further explanation and examples.



## OCISS Abstracting Tips

### Screening vs. Exploratory Procedures

When coding a biopsy taken during a preventative colonoscopy, **do not** code 05 to RX Summ—DX/Stg Proc field. This is still coded to 02, due to any endoscopic procedure not being considered exploratory. The only time 05 should be coded is when an exploratory laparotomy is performed. An endoscopic procedure, such as a colonoscopy does not constitute an exploratory surgery/procedure. <https://cancerbulletin.facs.org/forums/node/553> Inquiry and Response System (I&R) is the former name of SINQ/Ask SEER. *Although this answer is from 2010, it still applies.*

### Text Fields

Central State registries, such as OCISS, must comply with the rules and definitions specified by the National Program of Cancer Registries (NPCR) and NAACCR, which can differ from other national standard setters (CoC, Surveillance, Epidemiology, and End Results Program (SEER), American Joint Commission on Cancer (AJCC), and National Accreditation Program for Breast Cancers (NAPBC), for example). Text is an important part of the patient abstract and if done well, the entire patient abstract should be able to be recreated and recoded by using only the text documentation provided. Text language should include enough information to justify and substantiate the numerically coded data and give the big picture of the patient's tumor albeit in a brief narrative. Accurate text documentation may alleviate the reporter needing to refer to source documents to justify coded data and is heavily utilized for quality control and special studies.

Most every text field should start with a date, listed in chronological order, and provide a description of procedure or test results and findings, even documenting negative exam findings in addition to positive findings if pertinent to the site. If an estimated date of a procedure is being used, stating the date is an estimate should be included in the text field. There should be limited, if any, use of copying and pasting from an electronic medical record. Using non-standard abbreviations can generate confusion as abbreviations may vary among different institutions and different specialties. Abbreviations should be understood by any reader, so only those abbreviations that are clear, precise, and widely accepted by cancer registry standard setters should be used.

The NAACCR approved standard abbreviation list can be found here: <https://apps.naaccr.org/data-dictionary/data-dictionary/version=24/chapter-view/abbreviations-and-acronyms/>.

NAACCR suggests that registrars indicate in text fields the date treatment started, where the treatment was given (your facility or another facility) and that information should not be repeated from one text field to the next. If information is missing from the medical record, you should state in the text that information is missing or not provided.

The OCISS Reporting Source Manual, Appendix E, outlines text requirements:

**Physical exam text:** should include age, sex, race, ethnicity, marital status (if known), reason patient seeks care, any known cancer history, tobacco history of patient, any pertinent clinical findings along with any physician impression or treatment plan if provided.

**Staging text:** should describe the SEER Summary Stage as recorded on the abstract. For example, if SEER Summary Stage is coded as a "1" in the abstract, the text should state "localized." Providing AJCC staging in the staging text field is common for hospital reporters; however, this does not take the place of indicating the Summary Stage. For some primary sites, distant disease for AJCC does not always mean distant summary stage. NAACCR has published the abbreviation of "SS" as an accepted abbreviation for summary stage.

**Surgery text:** should describe the surgical procedure(s) performed, including the date, location (your facility or another facility with name provided, if known) and procedure.

OCISS Contact Information		
OCISS Staff:	Contact for Questions on:	Contact Information:
<b>Jamie Fike</b>	Laryngeal, Lung, Heart, Thymus, Esophagus, Stomach, Small Intestine, Parathyroid & Adrenal Glands	<a href="mailto:Jamie.Fike@odh.ohio.gov">Jamie.Fike@odh.ohio.gov</a>
<b>Rebecca Levings RHIT</b>	Pituitary Gland, Thyroid, Liver, Colorectal, Anus, Unknown Primary Site	<a href="mailto:Rebecca.Levings@odh.ohio.gov">Rebecca.Levings@odh.ohio.gov</a>
<b>Bill Ruisinger ODS</b>	Oral Cavity, Head & Neck, Renal Pelvis, Bladder, Ureter, Other Unspecified Urinary, Lymph Nodes, Peripheral Nerves	<a href="mailto:William.Ruisinger@odh.ohio.gov">William.Ruisinger@odh.ohio.gov</a>
<b>Sheri Stuckey</b>	CNS, Eye, Breast, Gallbladder, Biliary Tract, Spleen, Bone Marrow	<a href="mailto:Sheri.Stuckey@odh.ohio.gov">Sheri.Stuckey@odh.ohio.gov</a>
<b>Cyndi Worden</b>	Skin, Pancreas, Female Genital Organs, Kidney, Soft Tissues, Peritoneum	<a href="mailto:Cynthia.Worden@odh.ohio.gov">Cynthia.Worden@odh.ohio.gov</a>
<b>Angela Huff-Allen CCS</b>	Bones, Prostate, Male Genital Organs	<a href="mailto:Angela.Huff-Allen@odh.ohio.gov">Angela.Huff-Allen@odh.ohio.gov</a>
<b>Roberta Slocumb</b>	Data Requests	<a href="mailto:Roberta.Slocumb@odh.ohio.gov">Roberta.Slocumb@odh.ohio.gov</a> 614-995-5972
<b>Kaitlin Kruger</b>	Web Plus Access, Password Resets	<a href="mailto:Kaitlin.Kruger@odh.ohio.gov">Kaitlin.Kruger@odh.ohio.gov</a> 614-728-2304
<b>Emily Stewart MBA, ODS</b>	Cancer Reporting	<a href="mailto:Emily.Stewart@odh.ohio.gov">Emily.Stewart@odh.ohio.gov</a> 380-218-2242
<b>Emily Bunt</b>	General Registry Questions	<a href="mailto:Emily.Bunt@odh.ohio.gov">Emily.Bunt@odh.ohio.gov</a> 614-995-5433
<b>OCISS</b>	General Information	<a href="mailto:OCISS@odh.ohio.gov">OCISS@odh.ohio.gov</a> 614-752-2689