

Winter 2024

OCISS Quarterly Newsletter

Ohio Cancer Incidence Surveillance System



Awareness Months



January

*Cervical Cancer
Awareness Month*



February

*Gallbladder and
Bile Duct Cancer
Awareness Month*



March

*Kidney Cancer
Awareness Month*



March

*Multiple Myeloma
Cancer Awareness Month*



March

*Colorectal Cancer
Awareness Month*

OCISS Updates Annual Call for Data

OCISS recently submitted its Annual Call for Data to the Centers for Disease Control and Prevention (CDC) and the North American Association of Central Cancer Registries (NAACCR), with a total of 1,832,858 records submitted for diagnosis years 1996-2022. OCISS successfully implemented a new protocol for identifying patient and tumor duplicates required for this year's submission. Case completeness and data quality appear to be good; we will receive confirmation from CDC and NAACCR in the spring. Thank you for all you do to submit accurate and complete data to OCISS!

Timeliness Report

For our annual data submission in 2024, Ohio will be evaluated on the timeliness of our 12-month data in addition to our 24-month data. This means that next year, in addition to our data for diagnosis year 2022 being 95% complete, our data for diagnosis year 2023 will need to be 90% complete for OCISS to earn the Centers for Disease Control and Prevention's (CDC) National Program of Cancer Registries Registry of Excellence recognition. We understand many barriers exist to reporting within six months of date of diagnosis/first contact as outlined in the OCISS Reporting Source Manual and Ohio Administrative Code (OAC) 3701-4-02. Therefore, over the next year, OCISS will need to receive data sooner to meet the new evaluation criteria. This will be a challenging goal for all of us to work toward in the coming year. To this end, we will provide a quarterly report focused on timeliness. The first report, including abstracts submitted to OCISS through Oct. 31, 2023 with a date of diagnosis/first contact in 2023 was sent to hospital reporters on Dec. 1, 2023. The second quarterly report was sent on Feb. 8, 2024. Please contact Emily Bunt with any questions or suggestions about the report (Emily.Bunt@odh.ohio.gov).

OCISS Operations Supervisor

Emily Stewart joined OCISS in January as OCISS Operations Supervisor. Emily is an Oncology Data Specialist (ODS) with several years of experience as a hospital registrar. Emily has a master's degree in business administration from the University of Findlay. Emily is the point of contact for cancer reporting questions (Emily.Stewart@odh.ohio.gov).

OCISS Reporting Source Manual

The OCISS Reporting Source Manual is now available! The [OCISS Reporting Source Manual](#) provides detailed information on Ohio's cancer reporting requirements. Information is included about who is required to report cancer reports, what cancers and what data must be reported, how the data should be reported, and the timeline for making these reports. OCISS is grateful to the Advisory Committee members who reviewed the manual and provided valuable feedback to improve it.

Close Out 2022

OCISS has started the close out process for cancer cases diagnosed in hospitals in Calendar Year 2022. This past December, hospital reporters received a Survey Monkey link to the close out questions. This process allows OCISS staff to confirm receipt of data, see where there are discrepancies, and understand where there are reporting delays. Please contact Emily Bunt (Emily.Bunt@odh.ohio.gov) with any questions.

Annual Hospital Quality Reports

This past December, OCISS generated data quality reports for each reporting hospital to review the completeness, quality, and timeliness of hospital data. These reports have been shared with the primary hospital contacts to use as a resource and to provide a summary of their reporting. We encourage you to share your hospital's report with your registry staff and/or your hospital administration as appropriate. For additional information on your hospital's reporting, please contact Kaitlin Kruger (Kaitlin.Kruger@odh.ohio.gov). We appreciate the work you and your staff do each day. OCISS could not do what we do without all of you!

Version 23 Upgrade Case Review Reminder

For facilities that utilize their own registry software, when you upgrade to v23 you should receive a list of cases that require manual review from your software vendor. Among these are cervix, vulva and vagina cases:

- **Cervix cases diagnosed 2021 and later:** review and update histology codes if appropriate.

Please also verify the SSDI p16 is completed for these cases.

- **Vulva and Vagina cases diagnosed 2022 and later:** review and update histology codes if appropriate (histologies that refer to human papillomavirus (HPV) were not available in prior software).

Cancer Reporting in 2024

Data collection requirements for diagnosis year 2024 have recently been released by national standard setters. Please note, at this time, **OCISS cannot accept cases diagnosed in 2024 or v24 format**. OCISS will be upgrading Web Plus to v24 in 2024 to accept these cases and files. We have heard from the CDC that Web Plus v24 should be available in early 2024. We will keep you posted about our timelines and progress and notify reporters of any major changes in reporting. We appreciate your patience as we complete this software conversion.

For hospitals with their own software, OCISS shared the v24 reporting information, (Ohio's XML User Dictionary and Ohio's v24 Edit Metafile) with the hospital software vendors last October. We received confirmation from the software vendors that they have the necessary materials to develop v24 for hospitals. We ask that you keep us posted on your v24 software conversion and notify OCISS of any delays in reporting. For more information about the standard changes for v24, please visit <https://www.naaccr.org/>. Contact Kaitlin Kruger (Kaitlin.Kruger@odh.ohio.gov) with any questions you may have.

Hospital Contact Lists

Please notify OCISS if there are any changes to your reporting facility's contact information. We have posted information on the Web Plus home page with points of contact for each of our hospital reporters. We hope you find this information useful. We will be confirming reporter information and Web Plus user accounts in early 2024 and will update the contact lists as changes are received.

Changes for Modified (M) Record Reporting

After reviewing M record submissions over the past year, and in discussion with the OCISS Advisory Committee, we have decided to change our M record reporting requirements. This is primarily due to the volume of M records we have received and our concerns about being able to handle this volume in the long term. Our first change is that we are adjusting the frequency of M record reporting. OCISS will now only be collecting M records annually and this will occur in July of each year. Our second change is that 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. **For example, in July 2024, we expect M records to be submitted for updated cases with a date of first contact in 2022 or 2023.** We have notified all the software vendors of this change and requested they update their systems accordingly. Please contact Kaitlin Kruger (Kaitlin.Kruger@odh.ohio.gov) with any questions or concerns.



Answers to FAQs about M Record Reporting

Q: What happens if our vendor continues to generate M records each month?

A: We are hoping the vendors will update their systems to prevent this. However, if they would not accommodate the change, and you still get an M record file each month, go ahead and send the files to us in Web Plus each month with your regular submission. We will hold M record files on our end and process them next July.

Q: Will the next M record submission (in July 2024) be completed in NAACCR v24?

A: It depends. We will have to wait and see where we are with the Web Plus v24 update leading up to July. However, based on our update this year, if you complete the v24 upgrade before us, then it's likely your reporting would be on hold in general, in which case you would complete the M record submission once you are able to resume reporting. If we have upgraded, but you are still waiting for your v24 update, we would be able to accept the M records in either v23 or v24 file format.

Q: This will likely result in very large files and/or a large volume, but OCISS has a file size limit. Will you accept large files?

A: Unfortunately, we still must ask that you limit the size of the file to the best of your ability. This is primarily due to the system being locked while files are uploading; other users cannot complete their work while files are being uploaded. However, if it is difficult for you to break up the file and/or upload smaller files, you could try uploading the file outside of normal hours or reach out to us and we can try to find another solution.

New Cancer Publications

The Ohio Department of Health (ODH) has recently released the following new reports:

Cancers Associated with HPV in Ohio

This new report (August 2023) provides data and information on HPV associated cancers in Ohio, including HPV infection prevention, vaccination, cancer incidence rates, and trends. Available at: [Cancers Associated with Human Papillomavirus in Ohio 2023 | Ohio Department of Health](#).

County Cancer Profiles 2023

ODH recently updated a series of cancer profiles for each of Ohio's 88 counties, accompanied by comparisons with Ohio and the United States during the five-year period 2016-2020. The new reports display the cancer burden in each county, including the average number of new cancer cases and deaths, incidence and mortality rates, trends, and stage at diagnosis. Ohio statistics on cancer screening and risk factors are also included. Please see: [Data and Statistics | Ohio Department of Health](#) under the County Cancer Profiles tab.

New Site-Specific Cancer Profiles

ODH has completed new site-specific cancer profiles. Each report provides detailed information about a specific type of cancer, with Ohio-specific information on cancer incidence and mortality (by age group, sex, race, and ethnicity), trends, stage at diagnosis, histology, survival, risk factors, signs and symptoms, and screening. The new profiles include:

- Liver and Intrahepatic Bile Ducts (IBD) Cancer in Ohio 2023.
- Cervical Cancer in Ohio 2023.
- Leukemia in Ohio 2024.
- Non-Hodgkin Lymphoma in Ohio 2024.

Available at: [Data and Statistics | Ohio Department of Health](#) under the Site-Specific Cancer Profiles tab.

Fact Sheets

Two updated fact sheets on Cancer Clusters and Carcinogens are now available on the Community Cancer Concerns page, [Community Cancer Concerns | Ohio Department of Health](#).

OCISS Data Use by Researchers

The ODH Institutional Review Board (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. OCISS provides data for many on-going research projects that have ODH IRB approval. For more information, please see the [ODH IRB site](#).

Since the last OCISS newsletter, there has been one new IRB-approved study using OCISS data. This study is **Reasons for Geographic and Racial Differences in Stroke-Cancer Ancillary Study (REGARDS-Cancer)**. The Primary Investigator (PI) is Dr. Kelly Kenzik from Boston University. This study is a case-cohort study of participants in the REGARDS study to see if various risk factors are associated with cancer outcomes and whether the associations vary by race. From the website for the REGARDS study: "The Reasons for Geographic and Racial Differences in Stroke (REGARDS) project, sponsored by the National Institutes of Health (NIH), is a national study focusing on learning more about the factors that increase a person's risk of having a stroke." (<https://www.uab.edu/soph/regardsstudy/about>)



Cancer Registrar Training & Education

Below are some important, upcoming conferences and training events.

Ohio Health Information Management Association (OHIMA) 2024 Annual Meeting & Trade Show

March 18-20, 2024

Hilton Columbus at Easton, Columbus Ohio

For more information; <https://www.ohima.org>

National Cancer Registrars Association (NCRA) 50th Annual Educational Conference

April 24-27, 2024

Indianapolis, Indiana

More information can be found at: <https://www.ncra-usa.org/Conference/Future-Conferences>.

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

June 25-27, 2024

Boise, Idaho-The Grove Hotel

Visit <https://www.naacccr.org/future-annual-conference-dates-and-locations> for more information.

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 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, 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 that are not collected by OCISS.



Lung Part 1 (October 2023 Webinar)

Part 1 of the Lung webinar focused on the treatment of lung cancers.

A few facts about Non-Small Cell Lung Cancer (NSCLC) and Small Cell Lung Cancer (SCLC):

- NSCLC makes up for approximately 84% of all lung cancers. Subtypes of NSCLC:
 - Adenocarcinoma = approximately 40 – 50% (more peripherally).
 - Squamous Cell Carcinoma (SCC) = approximately 25% (centrally located).
 - Large Cell Carcinoma = approximately 10%.
 - Other = large cell neuroendocrine carcinoma and sarcomatoid carcinoma.
- SCLC makes up for approximately 15% of all lung cancers.
 - They tend to be more aggressive than NSCLC and prone to early metastasis.
 - Most patients are found to have metastatic disease at time of diagnosis.
 - SCLC has a higher poor prognosis.
- There is a 6.7% decrease in mortality when low-dose CT screening is done on heavy smokers for both histologies.

Lung Part 2 (November 2023 Webinar)

Part 2 of the Lung webinar featured discussions on Multiple Primary Rules, SSDIs and staging.

It's very important to consult the Multiple Primary Rules to be certain the number of primary tumors is coded correctly. OCISS encourages our reporters to watch these webinars as they cover many complex concepts.

OCISS Abstracting Tips

New Webinar Series Shared by Indiana Department of Health:

The Indiana Department of Health has generously shared their central cancer registry training webinars which they conduct for their hospital registrars; these are around an hour long or less. Webinars are focused on disease site abstraction and cover topics such as anatomy, workup, primary site, histology, multiple primary rules, grade, SSDI, treatment, and staging. **NOTE: Not all the data items covered in the webinars are collected by OCISS.**

After completing the webinar click on “Launch Quiz” on the bottom right corner for the post-webinar quiz. Complete the quiz with a passing grade to obtain certificate for CE credit awarded by NCRA. This webinar series can be found on the Fundamental Learning Collaborative for the Cancer Surveillance Community ([FLccSC](#)) Training and Education web page. 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.”

Laterality:

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). Remember, 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).

The list of paired organs is available on pp. 50 and 51 of [the STORE Manual](#).

Summary Stage:

Summary Stage should be included in the staging text. Please keep in mind when coding the Summary Stage for non-Hodgkin lymphomas, that imaging and/or pathology 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, Summary Stage should be coded to “8-not applicable.”

Remember to use the latest version of the correct manual when determining multiple primaries:

When there is an original tumor diagnosed before 2018 and a subsequent one diagnosed 2018 and later use the 2018 Solid Tumor Rules (latest version December 2023 at the time of this writing; see “How to Use the Solid Tumor Rules” section in the general rules).

Common errors in determining multiple primaries include urinary cancers. The urinary chapter in the 2018 Solid Tumor Rules covers renal pelvis, ureter, bladder, urethra, and even urinary system NOS (C689).

Urinary Scenario #1

Patient diagnosed in 2009 with NON-INVASIVE urothelial carcinoma of the bladder, treated with TURBT and BCG. Patient has another NON-INVASIVE urothelial carcinoma of the bladder diagnosed in 2021, found on surveillance cystoscopy. Because the second tumor was diagnosed in 2018 and later, we use the Solid Tumor Rules. The first rule that applies is M7 – abstract single primary. Per note 1, timing is irrelevant. Except for micropapillary subtype, other subtypes of urothelial carcinoma such as papillary 8130/2 are included in the rule. This means even if the 2021 non-invasive cancer was papillary urothelial carcinoma M7 still applies, and it is a single primary

Urinary Scenario #2

Patient diagnosed in 2018 with invasive urothelial carcinoma of the right ureter, that was treated with nephroureterectomy and chemo.

While on surveillance in 2020 (which is less than 3 years from initial diagnosis), the patient is found to have a bladder tumor. The biopsy revealed NON-INVASIVE urothelial carcinoma.

Both tumors were diagnosed in 2018 or later so we use the Solid Tumor Rules. The first rule that applies is M11 – abstract single primary. Per note #2 behavior is irrelevant (we already passed rule M6 because the invasive component occurred before, not after the in situ). [SINQ20190026](#) clarifies that timing is also irrelevant for this rule. Per Note 3, the rule applies to carcinoma that involves renal pelvis and/or ureter and/or bladder and/or urethra. The 2020 diagnosis is therefore NOT a new primary.

Sometimes the last rule is the first rule that applies:

Example: Patient diagnosed in 2017 with non-keratinizing squamous cell carcinoma (8072/3) of the lingual tonsil (C024) and treated with surgery and chemoradiation.

A patient was diagnosed in 2021 with anterior tongue (C023) squamous cell carcinoma (8070/3).

Since the second cancer was diagnosed 2018 or after, we use the Solid Tumor Rules. The first rule that applies is the last rule M13, single primary. M3 doesn't apply, as C024 and C023 are not among the primary sites listed for this rule. M4 doesn't apply, as difference is at the 4th character (both C02_). M5 doesn't apply since the site is not paired. M6 doesn't apply (<5 years). M7 and M8 don't apply, (one is NOS, and the other is a subtype). M9, M10 and M11 don't apply since both are invasive. M12 doesn't apply as they are different primary sites.

Testis NOS (C629) is an overused NOS site code:

When a testicular mass is palpable on exam or seen on ultrasound, it indicates it is descended. See [SINQ20140005](#). References: ICD-O-3.



Testis Summary Stage 2018 Comparison:

Summary Stage Manual 2018 v1.7 – 2.0	Summary Stage Manual 2018 v2.1 - forward (CORRECT)
<p>1 Localized only (localized, NOS).</p> <ul style="list-style-type: none"> WITHOUT lymphovascular invasion or UNKNOWN if lymphovascular invasion. <ul style="list-style-type: none"> Body of testies. Rete testies. Surface implants (surface of tunica vaginalis). Tunica albuginea. Tunica vaginalis involved. Tunica, NOS. 	<p>1 Localized only (localized, NOS).</p> <ul style="list-style-type: none"> WITH or WITHOUT lymphovascular invasion. <ul style="list-style-type: none"> Body of testies. Rete testies. Surface Implants (surface of tunica vaginalis). Tunica albuginea. Tunica vaginalis involved. Tunica, NOS. Confined to testies, NOS. <ul style="list-style-type: none"> WITH or WITHOUT lymphovascular invasion.
<p>2 Regional by direct extension only.</p> <ul style="list-style-type: none"> WITH lymphovascular invasion. <ul style="list-style-type: none"> Tumor limited to testies. (including rete testies invasion) Any of the following sites WITH or WITHOUT lymphovascular invasion. <ul style="list-style-type: none"> Dartos muscle, ipsilateral. Epididymis. Hilar soft tissue. Mediastinum (of testies). Scrotum, ipsilateral. Spermatic cord, ipsilateral. Vas deferens. Visceral mesothelial layer. 	<p>2 Regional by direct extension only.</p> <ul style="list-style-type: none"> Any of the following sites WITH or WITHOUT lymphovascular invasion. <ul style="list-style-type: none"> Dartos muscle, ipsilateral. Epididymis. Hilar soft tissue. Mediastinum (of testies). Scrotum. Spermatic cord. Vas deferens. Visceral mesothelial layer.

Please note, there was a significant change affecting testicular cancer Summary Stage 2018 (SS2018) staging. In version 2.1 of the manual, which was published September 2021, the definitions for localized versus regional by direct extension were updated such that LVI ALONE no longer qualified for regional by direct extension.

This was especially significant because there is an edit (N5060) that was part of the v18 edits metafile which prevented coding of 1 localized and 3 regional LN only when LVI was coded as positive. The edit was **corrected** in the v22 edits metafile to allow for SS2018 codes 1 and 3.

Please always use the **latest version** of the Summary Stage 2018 manual when abstracting cases diagnosed 2018 and later.

Questions or suggestions for the OCISS Newsletter? Please contact Cyndi Worden (Cynthia.Worden@odh.ohio.gov), or email the general OCISS inbox (OCISS@odh.ohio.gov) with subject line "OCISS Newsletter."

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