

APRIL

Esophageal
CancerHead
and Neck
CancerTesticular
Cancer

MAY

Melanoma
and Skin
CancerBrain
CancerBladder
Cancer

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Department
of Health

OCISS Newsletter

Ohio Cancer Incidence Surveillance System



OCISS Updates

National Cancer Registrars Week

National Cancer Registrars Week is April 4-8, 2022. This year's theme is *Cancer Registrars: Enhance Cancer Care One Data Point at a Time*. Cancer registrars capture the data that are used by researchers, medical professionals, and public health to support advances in cancer research, monitor and improve cancer treatment to improve patient care, and target cancer prevention and screening programs. There would not be cancer surveillance without cancer registrars, their extensive knowledge, and the quality of data they generate – one data point and one data item at a time. THANK YOU for the important work that you do each and every day!

NAACCR v22 Update

Changes in cancer reporting in NAACCR v22 format are not as extensive as we experienced when we converted to NAACCR v21. A major change will be inclusion of *Tobacco Use* as a nationally-required data item. OCISS has been collecting information on tobacco use (*OH-Tobacco Use*) for many years, but we collect more detail than what has been proposed on the national level. OCISS will continue to collect *OH-Tobacco Use* as we have been. Those who directly enter cases into Web Plus will see no change. For those who have their own cancer registry software and file upload their cases to OCISS, we recommend that you collect the new nationally-defined data item (Tobacco Use) AND also collect and report to OCISS the Ohio-specific *OH-Tobacco Use* data item. We will share more guidance on how these fields relate to each other when we are closer to the v22 upgrade.

Cancer Reporting of Cases Diagnosed in 2022

Please note that OCISS cannot accept cases diagnosed in 2022 or v22 format until we upgrade to NAACCR v22. CDC is projecting a release in April. If this schedule holds, we will be able to release a new version of Web Plus by July. Please continue to submit any outstanding 2021 and earlier cases. If you only have 2022 cases to report, your reporting will be on hold

until Web Plus is updated to v22. If you direct enter cases in Web Plus, you can start entering your 2022 cases in Web Plus, but you will be unable to release these cases until the upgrade. For hospitals with their own software, we recommend that you stay connected with your software vendor during this transition to v22. If you have any questions on v22 or Web Plus, please contact Kaitlin.Kruger@odh.ohio.gov or 614-728-2304.

OCISS Advisory Committee

The OCISS Advisory Committee met in late February. Topics included a review of the Updated/Modified Record pilot – see *Modified Records and Pilot Program* update below; providing information back to reporters on the completeness, quality, and timeliness of reported data; and expediting access to individual-level data for research. The OCISS Advisory Committee includes cancer reporters, epidemiologists at Ohio's local health departments, and researchers at Ohio's two comprehensive cancer centers. Please contact Lynn Giljahn at Lynn.Giljahn@odh.ohio.gov if you are interested in joining this committee, which meets remotely twice each year.

Modified Records and Pilot Program

In 2021, OCISS began looking into NAACCR Record Type M or Modified Record reporting to help with the completeness, quality, and timeliness of OCISS data. Modified or M records are updated records that provide additional information after an abstract is initially submitted to OCISS. Currently, OCISS only receives NAACCR Record Type A abstracts but we learned that all vendors have the capability to generate and customize M records. Before making a decision about whether to collect M records from all Ohio hospitals, OCISS has been conducting a pilot with several hospitals to better understand the functionality and processing for both the hospitals and OCISS. The pilot hospitals have had their software set up to generate M records and have started submitting M records to OCISS for review. However, we have heard that some vendors built in the capability

to generate M records for all their users, not just the pilot hospitals. Please note that, at this time, all OCISS submissions should be sent as Type A abstracts, and we are currently only accepting M records from the pilot hospitals. If you submit a file of M records in error, please contact Kaitlin Kruger Kaitlin.Kruger@odh.ohio.gov or 614-728-2304.

During the next several months, OCISS will continue to review M record collection and processing. We will keep everyone posted on our progress and any changes in OCISS reporting. For questions or concerns about M records or the pilot program, please contact Kaitlin Kruger at Kaitlin.Kruger@odh.ohio.gov or 614-728-2304.

OCISS has asked all the hospital software vendors used by Ohio hospitals to incorporate M record functionality in v22. After v22, all Ohio hospitals should have the capability to generate M records. However, we will not require M record reporting until after we complete the pilot program.

OCISS Transitions

OCISS is excited to welcome a new cancer registrar: Angela Huff-Allen. Angela joined our team on March 14, and her contact information is listed on p. 5. Welcome Angela!

Cancer Registrar Training Opportunities

North American Association of Central Cancer Registries Annual Conference

June 14-16, 2022 – virtual only

For more information visit the [NAACCR website](https://naacrr.org).

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](https://ocra.org).

New Cancer Publications

Cervical Cancer Report: The Ohio Department of Health (ODH) has released [Cervical Cancer Stats and Facts For Ohio 2022](#) (January 2022). This report includes Ohio-specific information cancer incidence and mortality, trends, stage at diagnosis, survival, risk factors, signs and symptoms, and screening. This and ODH's previously published cancer reports can be found on the [OCISS Data and Statistics](#) website.

NAACCR Webinar Summaries

NAACCR hosts monthly webinars that provide three continuing education credits. OCIS makes these available in Web Plus (contact Kaitlin Kruger at 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, 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 OCIS.

Lung (January 2022 Webinar)

This webinar covered lung anatomy, SSDIs, Grade, and Solid Tumor Rules. It included a series of Jeopardy-style questions, which were great for review and knowledge check purposes.

Reminder: If surgical resection of a primary tumor is *not* done, but there is positive microscopic confirmation of distant metastases during the clinical time frame, then the pathological code would *not* be "9." Prior to 2021, a pathological grade could not be assigned if there was no resection of the primary tumor. Note 6 on p. 39-40 of the

[Grading Manual](#) states, "use the grade from the clinical work up from the primary tumor in scenarios based on behavior of surgical resection."

Reminder: When determining a single primary or simultaneous tumors of the lung, refer to Rule M9 on p. 126 of the [Lung Solid Tumor Rules](#). Be sure to review Note 4 which states, "when there are multiple tumors in one or both lungs, the physician usually biopsies only one mass/tumor. They treat the patient based on that single biopsy, assuming all the masses/tumors are the same histology."

Data Item Relationships (February 2022 Webinar)

This webinar explained the importance of using text to substantiate coded data fields. It also presented multiple practice scenarios, including the following:

- 5 cm breast mass seen on mammography.
- Lumpectomy, extensive ductal carcinoma in situ (DCIS) but no invasive component.
- Sentinel node biopsy: 2 of 3 lymph nodes positive for micrometastasis.

Which of these values are in conflict?

Data Item	Value
Histology	8,500
Behavior	2
Summary Stage	3 (Regional to Lymph Nodes)

Answer: there is a conflict between behavior and summary stage, which will generate an edit error. Important points to remember for resolving:

- True in situ cases cannot have positive lymph nodes or metastasis.
- Invasive component was not found in lumpectomy specimen.
- Invasive component was found in lymph nodes.
- This is not a neoplasm defined as in situ.
- This is a "/3" neoplasm based on the positive lymph nodes.

See p. 140 of [STORE manual](#), p. 226 of the [2018 SEER Summary Stage Manual](#), and p.21 of the [2018 SEER EOD Manual](#) for more information.

Abstracting and Coding Bootcamp (March 2022 Webinar)

This webinar discussed guidelines on a range of abstracting topics. Below are highlights focusing on Class of Case and Breast Site-Specific Data Items.

Class of Case is divided into two groups:

- Analytic (Codes 00-22)
- Nonanalytic (Codes 30-49 and 99)

Select the **Class of Case** that most accurately describes the patient's relationship to the reporting facility (see [NAACCR item #610](#), and [STORE Manual](#) p.125-128). Reminder: OCISS collects both analytic and non-analytic cases, though non-analytic cases are not reportable to Commission on Cancer.

Estrogen receptor (ER) positivity and progesterone receptor (PR) positivity are favorable prognostic factors in breast cancer, as well as endometrial carcinoma and

meningioma. Positive results predict a favorable response to endocrine (hormonal) therapy. Combined ER and PR positivity is associated with increased response to antiestrogen therapies.

Do not use results from the following tests when coding ER and PR results:

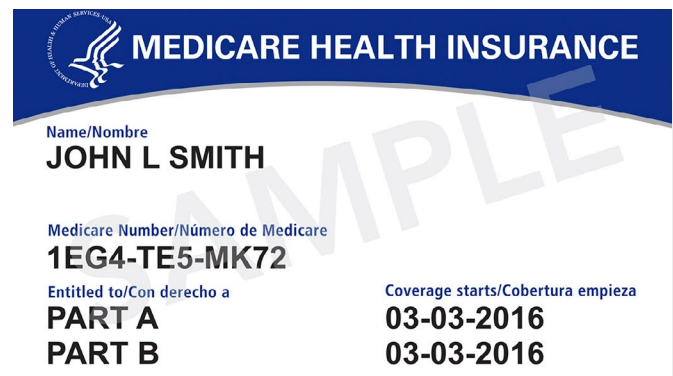
- Oncotype Dx
- MammaPrint
- EndoPredict
- PAM 50 (Prediction Analysis of Microarray 50)
- Any other test that records HER2

The two most common ways to report ER and PR results are the percentage of cells with nuclear positivity and the average intensity of staining ([NAACCR SSDI Manual](#), p. 173).

OCISS Staff Coding Tips

Medical Beneficiary Identifier (MBI):

This field was implemented by [NAACCR](#) in 2018, for the purpose of minimizing the risk of identity theft and fraud for Medicare beneficiaries. This field is [required per NPCR](#), when available. The collection of the MBI should *not* change how registries currently collect SSN. It is a randomly generated, 11-character identifier consisting of numbers and letters and entered *without* dashes. In the following example (from [Medicare.gov](#)), the MBI would be entered as "1EG4TE5MK72:"



Site Specific Surgery Codes:

Surgery codes should be selected based on the supporting text from the pathology report or the surgeon. For example, the following surgery codes for kidney have very different parameters:

- "40" *Complete/total/simple nephrectomy*—For kidney parenchyma nephroureterectomy. Includes bladder cuff for renal pelvis or ureter.
- "50" *Radical nephrectomy*—May include removal of a portion of vena cava, adrenal gland(s), Gerota's fascia, perinephric fat, or partial/total ureter.

Please see [Appendix C: Site Specific Coding Modules](#), "Surgery Codes" for more information on surgery codes.

Patient Last Name Field Clarification:

When reporting a patient's *Last Name* ([NAACCR, item 2230](#)) please refer to p. 53 of the [STORE Manual](#), including the following example:

Code	Reason
Mc Donald	Recorded with space as Mc Donald
O'Hara	Recorded with apostrophe as O' Hara
Smith-Jones	Janet Smith marries Fred Jones and changes her last name to Smith-Jones
UNKNOWN	Patient's last name is not known, use UNKNOWN

OCISS Contact Information

OCISS Staff	Contact for questions on:	Contact Information
Jamie Fike	Bone, Esophagus, Lung, Soft Tissues, Stomach	Jamie.Fike@odh.ohio.gov
Rebecca Levings, RHIT	Colorectal, Anus, Liver, Kidney, Thyroid	Rebecca.Levings@odh.ohio.gov
Bill Ruisinger, CTR	Testis, Genitourinary System, Head and Neck, Peripheral Nerves	William.Ruisinger@odh.ohio.gov
Sheri Stuckey	Breast, Female Genital Organs, Gall Bladder and Biliary Duct	Sheri.Stuckey@odh.ohio.gov
Cyndi Worden	Prostate, Penis, Pancreas, Skin, CNS	Cynthia.Worden@odh.ohio.gov
Angela Huff-Allen, CCS	Primary Sites Not Yet Assigned	Angela.Huff-Allen@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

Questions or suggestions for the 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."