

APRIL



Esophageal Cancer Head and Neck Cancer Testicular Cancer

MAY



Melanoma and Skin Cancer Brain Cancer Bladder Cancer

OCISS Newsletter

Ohio Cancer Incidence Surveillance System



OCISS Updates

National Cancer Registrars Week

National Cancer Registrars Week is April 5-9, 2021. This year's theme is *Cancer Registrars: The Driving Force of Cancer Data*. What an appropriate theme! There would not be cancer surveillance without cancer registrars, their extensive knowledge, and the quality of data they generate. The success of OCISS is directly attributed to the work of cancer registrars and other professionals who abstract and report data that are accurate, complete, and timely. See the update on Ohio's Cancer Plan, which demonstrates how information on cancer diagnosis and treatment is used to develop programs to prevent cancer, detect it earlier, and improve survival. Thank you!

OCISS Advisory Committee

Thank you to those of you who volunteered to be part of the OCISS Advisory Committee. We are planning our first meeting in early spring. We will share information on the outcomes of our discussions in the OCISS newsletter.

Close Out

OCISS is working through the Close Out process for cancer cases diagnosed/treated in a hospital in calendar year 2019. If your facility has not already done so, please complete the Close Out 2019 survey [available here](#). We need this information from all hospitals, even if you have not completed your 2019 reporting. Knowing the status of all reporters is important to OCISS operations. The survey also includes questions regarding 2020 cases and anticipated completion information.

Monthly/Quarterly Reminders

You may have noticed that OCISS is now including information in our monthly/quarterly reminders that show the number of cases your facility has reported for the previous six months. We hope you will find this information useful to ensure we are in sync and, if not, to identify issues either on your end or ours that we can work to resolve.



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NAACCR v21

The Centers for Disease Control and Prevention (CDC) has not yet made available v21 cancer reporting software. OCISS will notify all reporters when we have transitioned to the upgraded software and are able to receive cancer reports for diagnosis year 2021. If you have any questions on v21, please contact Kaitlin Kruger at Kaitlin.Kruger@odh.ohio.gov or 614-728-2304.

Calendar of Events/Save the Date

2021 NCRA 47th Annual Educational Conference (Virtual Only)

June 3-5, 2021

For more information: [NCRA](#)

NAACCR Summer Forum 2021 (Virtual Only)

June 15-17, 2021

For more information: [NAACCR](#)

Ohio's First Annual Childhood Cancer Summit

Sept. 16-17, 2021

2021 OCRA Annual Educational Meeting

Sept. 23-24, 2021

Holiday Inn Cleveland, Strongsville, Ohio

For more information: [OCRA](#)

Ohio Cancer Plan

In 2020, Ohio's cancer coalition, Ohio Partners for Cancer Control (OPCC), began the process to develop the next Cancer Plan — for 2021-2030. A large group of individuals was involved in this process, representing diverse populations and geographies across the state, including those directly impacted by cancer (i.e., patients, parents, caregivers), researchers, local and state public health professionals, physicians and health care workers, staff from nonprofit organizations, and epidemiologists. The Cancer Plan revision process successfully brought in many new voices and generated momentum in new and current topic areas. A total of 17 workgroups were formed and developed 49 objectives and more than 150 strategies on the following topics: Breast Cancer, Cancer and Aging, Cancer Genetics, Cervical Cancer, Colorectal Cancer, Delivery of Patient Centered Services, Exposure to Environmental Carcinogens, Financial Burden and Barriers, Liver Cancer, Lung Cancer, Palliative Care and Hospice Care, Pediatric Cancer, Physical Activity/Nutrition/Obesity, Prostate Cancer, Skin Cancer and UV Exposure, Tobacco Use, and Vaccines for Cancer Prevention/HPV-Associated Cancers. Health equity was elevated as part of the Cancer Plan process. The OPCC Executive Committee designated it as one of the eight guiding principles for the Cancer Plan revision process. The other guiding principles were that the plan include perspectives of diverse stakeholders, use transparent processes, be data driven, include measurable goals, be evidence-based, align with existing statewide and federal efforts, and be aesthetically pleasing and easy to understand. The objectives and strategies for the 2021-2030 Cancer Plan are available [here](#). If you are interested in becoming involved in OPCC or participating in one of the workgroups, please complete a membership form, available [here](#), or email: info@ohiocancerpartners.org.

New Cancer Publications

The Ohio Department of Health (ODH) has recently updated a report on the risk factors for cancer. *Cancer Risk Factors* presents non-modifiable, modifiable, and environmental risk factors for 23 primary cancers in a tabular format. This and other ODH cancer reports can be found on the [OCISS Data and Statistics](#) website.

ODH continues to post *Cancer Stats & Facts for Ohio* each month to make cancer information and data available in an easy-to-read one-page format to increase cancer awareness. *Cancer Stats & Facts* were posted to the ODH website banner and social media for cancer risk factors in January, liver cancer in February, and kidney cancer in March 2021. These and previous cancer awareness fact sheets are also available on the OCISS Data and Statistics website.

Education & Training Coordinator Webinar Update

CDC's National Program of Cancer Registries hosted a webinar entitled "Solid Tumor Rules for Melanoma" for central cancer registry Education and Training Coordinators. The training offered several case scenarios highlighting changes in 2021. These include new histology codes such as *early/evolving melanoma in situ (8720/2)* and *early/evolving melanoma invasive (8720/3)*, which are not listed in the ICD-O-3.2 manual. Important clarifications regarding subtype/variants and non-malignant terminologies were also demonstrated from Table 2 of the *Cutaneous Melanoma 2021+* rules, found [here](#).

NAACCR Webinar Summaries

NAACCR hosts monthly cancer registry webinars, which provide three continuing education credits. OCISS makes these available on the *Web Plus homepage*. The following are abstracting highlights and tips from the last few months of NAACCR webinars. NAACCR recommends reviewing the Question & Answer section prior to watching the webinar you choose to view. If you do not have a Web Plus account but would like access to the webinars, please contact Kaitlin Kruger at Kaitlin.Kruger@odh.ohio.gov or at 614-728-2304. Please note that some of these webinars cover topics in more depth than may be needed for all cancer reporters and information may be presented on data that are not collected by OCISS.

Treatment (January 2021 Webinar)

Incisional biopsy of regional lymph node changes for 2021 cases:

- Prior to v21, a biopsy or aspiration of a regional lymph node was classified as first course treatment and the date of that procedure was entered in the "Date of First Course Treatment" data field, ([NAACCR Data Dictionary, Item 1270 Date 1st CRS RX](#)). This is not correct for cases diagnosed on or after Jan. 1, 2021, *unless* an entire lymph node is removed. If *less than* an entire lymph node is removed and only a core biopsy, FNA or aspiration of the lymph node is performed, code the field "Scope of Regional Lymph Node Surgery" as "1" (biopsy or aspiration of regional lymph node(s), NOS); see [STORE page 234](#).

Palliative care:

- A patient can receive palliative care in combination with curative treatment. However, it is important to remember that palliative care *alone* is *not* a form of treatment.

Coding surgical treatment:

- Use the entire operative report as your primary source for determining the correct code to assign for surgery of primary site. Read the body of the operative report to determine exactly what was removed and what procedure was performed.

Lymphoma (February 2021 Webinar)

This webinar was especially helpful considering the substantial changes for lymphoma reporting in 2021. It is highly recommended that all reporters view this webinar if they abstract lymphoma cases.

Highlights include:

- New disease for 2021+: Erdheim-Chester disease (ECD), Histology 9743/3.
- Behavior code changes: 2021+ **in situ neoplasms are behavior code of /1 instead of /2**. Per [Hematopoietic and Lymphoid Neoplasm Coding Manual](#), case reportability instruction #3 on page 26: Do NOT report in situ neoplasms (*unless it occurs in the brain as benign or borderline*).
- When using the [Hematopoietic Database](#), note that it will default to diagnosis year 2021. If you are working on a case diagnosed prior to 2021, please be certain you are referencing the correct year of the database. Use the "Help me code for diagnosis year" tool for accuracy.

- The SEER Summary Stage 2018 field has only three codes for cases diagnosed on or after Jan. 1, 2021:
 - o Summary stage code 1: Localized, single nodal chain involvement or organ involved.
 - o Summary stage code 2 (previously code 5): Bulky disease present, involvement of regional nodes on the same side of the diaphragm.
 - o Summary stage code 7:
 - Involvement of regional lymph nodes on both sides of the diaphragm.
 - There are two or more extralymphatic sites involved.
 - Diffuse or disseminated involvement of extralymphatic sites.
 - Distant metastasis, bone marrow, CSF, CNS, or lung involvement.
 - o For more information please refer to the [SEER Summary Stage 2018 Coding Manual](#) section titled "Hematologic Malignancies."

Coding Boot Camp (March 2021 Webinar)

For diagnosis year 2018 and later, if cytology is identified *only* with an ambiguous term, *do not* interpret it as diagnostic confirmation of cancer. Abstract the case only if a positive biopsy or a physician's clinical impression of cancer supports the cytology findings (page 142, 2018 [STORE Manual](#)).

Unlike other sites that consider diagnostic confirmation based on fluids (smears, washings, or secretions) as a positive cytology, *hematopoietic* cases that are microscopically confirmed through *peripheral blood* are considered to be *histologically confirmed* ([Hematopoietic and Lymphoid Neoplasm Coding Manual](#) page 16). These cases should be documented in the "diagnostic confirmation" field as "1" for positive histology ([NAACCR Data Dictionary, Item 490 Diagnostic Confirmation](#)).

OCISS Staff Coding Tips

Cancer registrar's resources: Virtually every cancer registry manual has been modified in some way for 2021. A comprehensive list of changes, errata, and clarifications has been posted to the Ohio Cancer Registrar's Association website, under the ["Resources"](#) tab.

Social Security Number reminder:

- Enter the number without dashes or a suffix.
- Always enter a patient's entire social security number if available.
- If only the last four numbers are available, the number should be recorded with five preceding ones (ex.: "111114321").
- If no social security number can be found in the patient record, the number should be entered as all nines (ex.: "999999999").
- For more information please see ([NAACCR Data Dictionary, item 2320](#)) and page 52 of the [STORE Manual](#).

Reminder: When coding the fields Text – Usual Industry/ Occupation [320, 310], refer to the [CDC/NIOSH guide](#).

Web Plus default values reminder: Many of the data fields in Web Plus have pre-entered default values. These data fields should only be changed if there is documentation to merit the change. For example, *Vital Status* ([Data Item 1760](#)) defaults to "1, Alive" and should only be changed to "0, Dead" if the abstractor has evidence that the patient is deceased. Refer to page 396 of the [STORE Manual](#) for more information.

Laterality reporting reminder: When reporting *laterality* ([NAACCR Data Dictionary, item 410](#)) 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). You can find a list of paired organ sites on pages 23-24 in the [STORE Manual](#).

Clarification for serous carcinoma of GYN sites (C51-C58):

- The code for *high grade serous carcinoma* is 8461/3. This is different from *high grade papillary serous carcinoma*, which has its own histology code, 8460/3. Please examine the pathology report thoroughly to make sure you are using the correct histology code.
- NOTE: *High grade papillary serous carcinoma* cases diagnosed prior to Jan. 1, 2021, are coded 8460/3, and those diagnosed Jan. 1, 2021 and forward have changed to 8441/3. See the [2021 ICD-O update, table 6](#).

OCISS Contact Information

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