

OCISS Newsletter



OCISS Updates

Web Plus: OCISS upgraded Web Plus software in September to incorporate our newest edit set, NAACCR v 16E. If you have your own cancer registry software, please incorporate this newest edit set into your software. The edit set can be downloaded from the Web Plus log-in page or from the OCISS website at <http://www.odh.ohio.gov/health/cancer/ocisshs/reporting1.aspx>. Note that we have two versions available – RMF and SMF. If you have questions on which edit set to select, contact Lily Tatham at Lilith.Tatham@odh.ohio.gov; if you have questions on resolving edit errors, contact Ruth Li at Ruth.Li@odh.ohio.gov.

Death Clearance: Thank you for your assistance with Death Clearance. One of the metrics that is used by both CDC and NAACCR when evaluating our data quality is the percentage of cases that are identified only through death certificate review. Your assistance in confirming that the person had the cancer listed on the death certificate and estimating a date of diagnosis allows us to reduce the percentage of cases that are considered ‘Death Certificate Only (DCO).’ If our percentage of DCO cases is greater than three percent, our data are not considered high enough quality to be included in national datasets and publications.

Unknowns: OCISS has been sending out requests to facilities for updates to cases reported with unknown race, unknown social security number (SSN), and/or unknown primary sites. We appreciate you taking the time to review these patient records for any new information since your original submission. Let us know if there are changes in how your facility is collecting race and/or SSN information.

Close Out 2016: Close Out forms for diagnosis year 2016 were emailed out in August. Although we realize there were delays in your being able to submit 2016 data to OCISS, we appreciate your efforts to get all 2016 cases reported. Please send in your Close Out form by the October 15, 2017 deadline—even if you are not yet finished with your reporting of 2016 cases—as this will help us understand what is still outstanding.

Death Data: You probably are aware that OCISS has been posting files of death data to Web Plus. We recently worked with ODH’s Bureau of Vital Statistics (VS) to obtain their monthly files of death data. We are in the process of posting these to Web Plus. You will access them in the same location as the yearly files. Some of you have requested these files each month directly from VS; you will no longer need to do so. We appreciate our colleagues in VS collaborating with us to streamline this process.

Reporting Requirements: There were some questions raised at the Ohio Cancer Registrars Association Annual Meeting regarding reporting of treatment data to OCISS. OCISS will be pulling together a small workgroup to discuss collection and reporting of this information to OCISS and to better understand the issues for cancer reporters. If you would like to be a part of this workgroup, please email Lynn Giljahn at lynn.giljahn@odh.ohio.gov.

Training: We hope you enjoyed the sessions at the Ohio Cancer Registrars Association Annual Meeting on staging cancers according to the 8th Edition of the AJCC Staging Manual. We appreciated the opportunity to offer this training in conjunction with the annual meeting.

Welcome Back: Barbara Warther returned to work October 5. Welcome back, Barb!

Inside this issue:

OCISS Updates	1
Abstracting Tips from NAACCR webinars	2-3
OCISS Registrars Staff Directory	4
Cancer Genetics Course	4

Abstracting Tips from NAACCR Webinars

NAACCR Webinars are posted in [Web Plus](#). Each provides three hours of continuing education (CE) credit. CEs are available for three years after the live session is presented. NAACCR's **site-specific** webinars that cover Category A topics meet the Category A requirements for CTR continuing education (*source: NCRA's "Category A FAQ"* and email communication from NAACCR). This includes the boot camp and coding pitfalls webinars. The following are abstracting highlights from the last few months of NAACCR webinars. Please refer to the specific webinars for more information.

Tip: You can now stream some of the webinars directly in your internet browser instead of downloading the large WebEx recording file. After you click on the "Webinar" link for a specific webinar and see the list of webinar-related documents, click on the video thumbnail if available.

Liver and Bile Ducts (June 2017 webinar)

- ◇ Cholangiocarcinoma, also known as bile duct carcinoma or bile duct adenocarcinoma (morphology codes 8160, 8161), has primary site C22.1 (intrahepatic bile duct) or C24.0 (extrahepatic bile duct), depending on where the cancer arises.
 - ⇒ These are covered in separate AJCC staging chapters depending on primary site (AJCC Cancer Staging Manual 7th edition" Ch 19 for intrahepatic bile duct, Ch 21 for proximal or perihilar bile ducts, Ch 22 for distal bile duct).
- ◇ Assign code 16 (Heat-Radio-frequency ablation (RFA)) for microwave ablation treatment for liver cancer ([SINQ20160033](#)).
- ◇ Chemoembolization treatment for liver cancer may utilize **non-chemotherapy** drugs. When treatment is chemoembolization and the agents are NOT chemotherapy drugs, code treatment as "Other" therapy ([SINQ20071080](#)).
- ◇ Transarterial Radioembolization (TARE) is a type of radiation treatment using radioactive isotope Yttrium-90. It is coded as 53—brachytherapy, interstitial, low dose rate (LDR).
- ◇ SEER Summary Staging Manual 2000 has separate staging for "liver and intrahepatic bile ducts" (pg 102-103) and "extrahepatic bile ducts" (pg 106-107).
- ◇ There are different rules for classification for liver (Ch 18), *intrahepatic* bile ducts (Ch 19), *perihilar* bile ducts (Ch 21), and distal bile ducts (Ch 22) for AJCC Staging.
 - ⇒ Surgical resection is needed to pathologically stage perihilar and distal bile ducts cancers; it is NOT required to stage liver and intrahepatic bile duct cancers.
 - ⇒ If pathologic staging criteria is met but there is no pathologic evaluation of regional lymph nodes, pN is pNX.
 - ⇒ Note that *clinical staging* of liver and intrahepatic bile duct cancers mainly involves evaluation of the tumor by imaging techniques.
- ◇ Tip: Review the details from the operative report to see what has been resected to help distinguish between a perihilar vs distal extrahepatic bile duct cancer.

Oncology Dashboard Drivers (July 2017 webinar)

- ◇ This webinar covered oncology quality measures, patient reported outcome measures (PROMs) and their use as a quality assessment/quality improvement tool.
- ◇ The webinar also covered Commission on Cancer quality measures and standards that relate to PROMs (Chapter 4 of [Cancer Program Standards](#)).
- ◇ The dashboard tab for the Rapid Quality Reporting System (RQRS) is updated nightly to display current facility performance metrics.

Central Nervous System (August 2017 webinar)

- ◇ For benign and borderline intracranial and CNS cancers, reportable sites include intracranial/intradural sites (cerebral meninges, brain, glands & ducts such as pituitary and pineal, and cranial nerves) and intraspinal sites (nerve roots, spinal cord, spinal vertebra).
 - ⇒ *Borderline/benign extracranial* or peripheral nerve tumors are NOT reportable.
 - * Cranial nerves become peripheral nerves after they exit cranium and/or intraspinal space.
 - ⇒ Sagittal sinus and cavernous sinus are intradural cavities with no ICD-O-3 site/topography code. Tumors within them originate from cranial nerves passing through the sinus or the dura/meninges of the cranial nerves. If the histology is not compatible with nerve or meningeal tumor, it may be an extension from another primary site.
- ◇ In the malignant brain chapter of the 2007 Multiple Primary and Histology Rules (MP/H), the shapes in the charts have meanings. Ovals are group names—these are terms often seen on scans and clinical diagnosis reports; they do not have ICD-O-3 codes.
- ◇ There is no AJCC staging for CNS tumors (all AJCC TNM stage data fields are 88s), but there is a chapter in the AJCC Staging Manual 7th edition (Chapter 56). Useful information within this chapter includes background information on CNS tumors, Table 56.2 “WHO classification of tumors of the CNS,” and Table 56.3 “WHO grades of CNS tumors.”
 - ⇒ WHO grade is not the same as ICD-O-3 grade/differentiation; there is no conversion between them. Please do not code WHO grade in the ICD-O-3 grade field; WHO grade is coded in Site Specific Factor 1.
 - ⇒ If WHO grade is not documented in the patient’s health record, reference Table 56.3 in the AJCC Staging Manual 7th edition which lists the WHO grade assigned to specific histologies.
- ◇ SEER Summary Staging—code is 8 for benign/borderline brain/CNS [FORDS 2016 pg 173].

Coding Pitfalls (September 2017 webinar)

- ◇ This webinar focused on coding pitfalls as it relates to text documentation. Good things to remember: abstracts are not just a bunch of codes, not everything gets coded, and text accounts for about 50 percent of a typical analytic case abstract.
- ◇ NAACCR abbreviations for abstracts are found in [Appendix G of the Standards for Cancer Registries Vol II](#).
- ◇ National Cancer Registrar Association (NCRA) informational abstracts have been updated and expanded to include adult benign and malignant brain. These helpful references give tips on text documentation, including where to find information and how to document in the abstract text fields. <http://www.cancerregistryeducation.org/rr>. They are free.
- ◇ As more targeted therapies are available, it is important to document the genetic tests done during clinical workup, especially since many do not have fields where they are coded. The College of American Pathologists has a reference of selected tests by tumor type: <http://www.cap.org/ShowProperty?nodePath=/UCMCon/Contribution%20Folders/WebContent/pdf/genomics-solidtumor-genes.pdf>
- ◇ The webinar included coding pitfalls and text for lung, colon, melanoma, and brain and CNS cases.
 - ⇒ For guidelines on AJCC staging related to polyp removal during colonoscopy, see <http://cancerbulletin.facs.org/forums/node/69606>
 - ⇒ For melanoma, CoC, SEER, and NPCR are all consistent in considering biopsy that removes all visible tumor as a surgical procedure, while a biopsy that does not remove all visible tumor is coded as diagnostic staging procedure.
- ◇ As diagnosis year 2018 brings many changes, text documentation is critical to summarize what is in the patient health record, support coded fields, new ICD-O-3 codes, site specific data items, staging details, and record results of molecular/genetic tumor tests.



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OCISS Registrars Staff Directory

Cancer Registrars	Consolidation Primary Sites	Phone & Email Address
Alice Daugherty, CTR	Nasal cavity & sinus, hematopoietic & reticuloendothelial systems, eye, brain & CNS, adrenal & other endocrine glands, ill-defined sites, lymph nodes	614-995-5971 Alice.Daugherty@odh.ohio.gov
Bill Ruisinger, CTR	Lip, other & unspecified parts of tongue, gum, mouth, parotid, salivary glands, trachea, peripheral nerves & ANS, testis & other male genital organs, urinary system	614-728-9548 William.Ruisinger@odh.ohio.gov
Debbie Mercer, CMA, CTR	Base of tongue, soft palate & uvula, tonsil, pharynx, ill-defined lip, oral cavity & pharynx, esophagus, stomach, small intestine, liver and bile ducts, gallbladder, GI tract, thymus, heart, mediastinum & pleura, upper respiratory tract, bone, retro- & peritoneum, connective & soft tissues, placenta, penis	614-466-7220 Deborah.Mercer@odh.ohio.gov
Jamie Fike	Breast, larynx	614-466-6499 Jamie.Fike@odh.ohio.gov
Rebecca Levings, RHIT	Colon, rectosigmoid junction, rectum, anus, kidney, thyroid	614-387-7478 Rebecca.Levings@odh.ohio.gov
Ruth Li, PhD, CTR	Skin, prostate, unknown primaries	614-728-4162 Ruth.Li@odh.ohio.gov
Sheri Stuckey	Lung, pancreas, vulva, female genital organs	614-728-4158 Sheri.Stuckey@odh.ohio.gov

Cancer Genetics Course

The Ohio Department of Health (ODH) and the Ohio Cancer Genetics Network are pleased to announce a new web-based (self-study) training entitled "Cancer Genetics In Your Practice." This webinar series offers 5.5 contact hours of nursing continuing education at no cost.

The *Cancer Genetics In Your Practice* webinar can be accessed at <https://www.train.org/odh/course/1072720/compilation> or by logging into <https://oh.train.org> and entering the course I.D. #1072720 or typing in the course title.

This webinar is divided into five modules (Module 1: Hereditary cancer risk assessment; Module 2: Hereditary colorectal cancer syndrome; Module 3: Hereditary breast and ovarian cancer syndrome; Module 4: Other hereditary cancer syndromes; Module 5: Pediatric cancers). The modules range in length from 30 minutes to one hour long. All five trainings must be completed to get a certificate. If you have any questions about the course, please contact ODH Genetics Coordinator, Boriana Zaharieva, at boriana.zaharieva@odh.ohio.gov or 614-728-9348.