

**OHIO CANCER
INCIDENCE
SURVEILLANCE
SYSTEM**



OCISS Newsletter

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OCISS Updates

The Ohio Cancer Incidence Surveillance System (OCISS) is working to upgrade Web Plus to NAACCR Version 15.0. We are currently testing the software upgrade and are anticipating a July release.

We will keep you posted as we receive more definitive information and a release date. Web Plus will be unavailable for use when we deploy the upgrade. We will provide as much advance notice as possible so as to not interfere with your ability to report cancer cases to OCISS.

If your facility submits data by file upload, note that we will be able to accept **both** NAACCR Version 14.0 and NAACCR Version 15.0 files after conversion. We **cannot** accept data in a Version 15.0 format until the conversion is in place.

We will be using a new edit set for NAACCR Version 15.0 and request

that you incorporate these edits into your cancer registry software. The edit set will be made available on the OCISS page on the ODH website. We will notify you when the edit set has been published and share the link.

Many thanks for the great turnout at the April Fritz TNM and Summary Staging regional meetings held in April and May, to the Ohio Cancer Registrars Association Regional Directors for their assistance in coordinating the meetings, and to the cancer registrars at the hospitals that hosted the meetings. An evaluation survey was sent to all attendees. Although we haven't heard from everyone, the general consensus was that the trainings were excellent and covered the sites that you were most interested in. As was mentioned at the meetings, the trainings were taped here at ODH. We are working to get those added to the page where we post NAACCR webinars in Web Plus. We hope to

have that done soon. Please remember that hospitals will need to submit TNM stage and SEER Summary Stage for cases diagnosed in 2015.

We are in the process of upgrading our Death Clearance Application. As part of this process, we plan to use the Death Clearance follow-back feature in Web Plus. Hospitals will receive notification of records to review and update in Web Plus instead of getting letters in the mail. Webinar trainings will be offered for all hospitals before implementing this new process.

Finally, OCISS will be implementing email reminders to hospitals to make sure data is being submitted to OCISS on a regular basis. Starting July 1, monthly reminders will be sent to hospitals that report 250 or more cancer reports each year; quarterly reminders will be sent to facilities that report less than this amount.

Cancer cases should be reported to OCISS within six months of the date of diagnosis/date of first contact at your facility for this cancer. OCISS urges facilities to report cancer cases monthly.

MONTH of DIAGNOSIS or FIRST CONTACT at YOUR FACILITY for this CANCER	MONTH Cases MUST be REPORTED to OCISS
January	July
February	August
March	September
April	October
May	November
June	December
July	January
August	February
September	March
October	April
November	May
December	June

Updated Hematopoietic & Lymphoid (Heme) Database

An updated version of the Hematopoietic & Lymphoid (Heme) Database was released by NCI SEER on January 14, 2015. If you are using a downloaded version, be aware that you must download the new version at the following link: <http://seer.cancer.gov/seertools/hemelymph/>. The database is to be used for coding cases diagnosed January 1, 2010 and forward.

The list below contains the categories of the major changes in the revised Hematopoietic and Lymphoid Neoplasm Database and Coding Manual.

- Diagnostic Confirmation
- M Instructions and Rules
- PH Instructions and Rules
 - A. Primary Site Coding Instructions
 - B. Histology Coding Instructions
- Appendix F: Non-Reportable terms
- Glossary

NOTE: It is important that registrars review the revision history to ensure accurate and complete coding of Hematopoietic and Lymphoid Neoplasms.

Coding Tips: Endometrioid vs Endometrial

When abstracting histologic type for endometrial primaries, be careful not to confuse the terminology “endometrioid” adenocarcinoma and “endometrial” adenocarcinoma. Endometrioid refers to a specific subtype of adenocarcinoma while endometrial adenocarcinoma signifies adenocarcinoma, NOS arising in the endometrium. Please be certain to document appropriately in the pathology text field.

NAACCR Webinars in Web Plus

The 2014-2015 NAACCR Webinar Series is posted on the Web Plus home page. <https://odhgateway.odh.ohio.gov/webplus/logonen.aspx> The NCRA Program Recognition Committee has awarded 3 Continuing Education hours for the CTR credential for each webinar. Webinars are available in Web Plus about two weeks after the live webinar, which is typically the first Thursday of every month. If you are not a Web Plus user but are involved in cancer reporting and would like to access the webinars, please contact OCISS at OCISS@odh.ohio.gov and put **NAACCR Webinar Access** in the subject line.

Below is a list of recent webinars:

01-08-15	Collecting Cancer Data: Testis
02-05-15	Collecting Cancer Data: Uterus
03-05-15	Abstracting and Coding Boot Camp: Cancer Case Scenarios
04-02-15	Collecting Cancer Data: Stomach and Esophagus
05-07-15	Collecting Cancer Data: Larynx and Thyroid
06-04-15	Collecting Cancer Data: Pancreas

Past webinars are also available on this site.

Important Multiple Primary Rules — Breast

When coding Breast Cancer, it is important to review the Multiple Primary Rules. The multiple primary rules listed below can be confusing. Remember when using the multiple primary flow chart, that you stop at the first (Yes) answer.

M/P Rule 5: Tumors diagnosed **more than five (5) years** apart are multiple primaries.

Example: A tumor with the same histology in the same breast diagnosed more than 5 years apart would be a new primary.

M/P Rule 8: An **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis is a multiple primary.

Example: An invasive tumor /3 following an in situ tumor /2 in the same breast more than 60 days apart would be a new primary.

M/P Rule 10: Tumors that are **lobular** (8520) **and** intraductal or **duct** are a single primary.

Example: Breast cancer cases with a histology of 8520/3 and 8500/3 diagnosed in the same breast within 5 years is one (1) primary.

Note: Use Table 1 and Table 2 to identify intraductal and duct carcinomas.

In addition, it is important to code laterality and ensure that the documentation in the text matches.

http://seer.cancer.gov/tools/mphrules/mphrules_flowchart.pdf

2015 Ohio Annual Cancer Report

The Ohio Department of Health has released “Ohio Annual Cancer Report, 2015”, which provides a summary of cancer data received by OCISS and the Bureau of Vital Statistics. The report’s charts and tables present both cancer incidence and mortality data for the state of Ohio and include cancer data by sex, race, stage at diagnosis and county of residence in 2012, as well as trends in Ohio cancer rates from 2003 through 2012.

As an added feature, the report includes bookmarks that make it easier to find areas of interest in the document. We would like to express our appreciation to cancer registrars and others reporting cancer cases in Ohio in making this report possible.

http://www.odh.ohio.gov/~media/HealthyOhio/ASSETS/Files/comprehensive%20cancer/Cancer%20Report%202015_May2015.ashx.

Directly Coded SEER Summary Stage Required for Cases Diagnosed in 2015

Directly coded refers to the assignment of stage that is derived from information based on pathologic, operative, and clinical assessments, with the pathologic examination taking precedence. It is important to read the pathology and operative reports for evidence of spread, microscopic extension and metastasis, as well as diagnostic imaging reports for mention of distant disease. Summary stage should **NOT** be coded based on the derived CS stage. The summary stage should be directly coded using all information available through completion of surgery (ies) in the first course of treatment **or** within four months from the date of the initial diagnosis.



Ohio
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Bureau of Health
Promotion
Office of Health
Improvement and
Wellness

www.odh.ohio.gov

For issues with Web
Plus Uploads— Contact
Barbara Stewart

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614-728-2304

Do Not Fax Issues.

Web Plus Password Reset—
Contact

Patty Wolfe

Patricia.Wolfe@odh.ohio.gov

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or

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Below is an update to a recent article in the OCISS Newsletter:

In our January OCISS Newsletter, we provided information about several websites with training materials for AJCC TNM. AJCC reported to us that there has been some confusion about where the lessons for their modules are located. They asked us to send the follow instructions to our data reporters.

All of the AJCC Curriculum for Registrars is on the AJCC website. Go to the home page <https://cancerstaging.org/Pages/default.aspx>, then click on *Cancer Staging Education* in the top menu bar and then choose *Registrar*. You will then have the choice of *Presentations* or *AJCC Curriculum for Registrars* -- choose *AJCC Curriculum for Registrars*.

At the top of the next page you will see the *Approach* and *Module Content*, along with some important information in boxes for questions and testing connections for the webinar.

Click on *Module I*, *Module II* or *Module III* under *Curriculum Schedule* to go to the pages with the registration & quiz, self-study lessons, handouts for the webinar and the recorded webinar. Module IV lessons will be posted 7/15/15.

Ask OCISS

1. How many primaries should be reported if a patient has two synchronous tumors in the descending (or ascending, transverse, etc.) colon? The first is a grade 3 adenocarcinoma with signet ring differentiation and focal mucinous features (8255/3). The second tumor is a grade 2-3 adenocarcinoma in a tubulovillous adenoma (8263/3).
Apply MP/H rule M7 to this case and report as one primary tumor.
2. When are carcinoids of the appendix reportable?
If the diagnosis date is 2014 or earlier, appendix carcinoids are reportable when stated to be malignant in the pathology report, when there are discontinuous malignant metastases or metastases to regional lymph nodes. Effective 2015, Code 8240/1 for Carcinoid tumor, NOS, of appendix (C18.1) becomes obsolete. Carcinoid tumors of the appendix (C18.1) must be coded to 8240/3, effective with cases diagnosed 2015 and forward.

Send your questions to OCISS@odh.ohio.gov with **Ask OCISS** in the subject field.

Calendar of Events

September 17-18, 2015

2015 OCRA Annual Education Meeting
Nationwide Hotel & Conference Center
Lewis Center, Ohio

See website for details: <http://ohio-ocra.org>