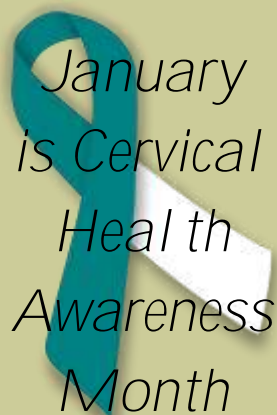


OCISS Newsletter



January
is Cervical
Health
Awareness
Month

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OCISS Updates

Annual Data Submission - 1996-2016 Data

OCISS has completed annual data submission for cancer reports from 1996-2015. Data submission was due to the Centers for Disease Control and Prevention (CDC) on or before November 30; data submission was due to the North American Association of Central Cancer Registries (NAACCR) on or before December 1. Data are assessed by both CDC and NAACCR for completeness and quality. There are specific metrics for 24-month completeness (diagnosis year 2015) that determine if Ohio's data will be included in national publications of cancer data. OCISS will be submitting 12-month data (2016 data) in January 2018.

Data Quality Checks

OCISS does a variety of data quality checks for data submission. In addition to all the edit checks required by CDC and NAACCR, OCISS reviews cases for many other things such as unknown race, name/gender mismatches, males reported with breast cancer, and persons diagnosed with cancer at either an older age (over 100) or younger age (less than one). Our first level of review is the Physical Exam text field. If we can confirm information in that field – which is meant to capture age, race, and gender of the case – this makes the review process efficient. OCISS follows up with facilities when we do not find this information in the Physical Exam field. Please remember that coded data need to be backed up with text!

End of Year Closeout – 2016 Data

OCISS sent out Close-Out Forms for diagnosis year 2016 to hospitals in late summer. This process is an opportunity for OCISS to remind reporters of reporting timelines. By notifying OCISS of how many cases have been submitted, it also provides a quality control check for OCISS to verify that all submitted cases have been received. OCISS is currently reviewing returned forms and following up with hospitals when case counts are lower than prior years or not in sync with what OCISS shows as being reported.

Major Changes in Reporting of 2018 Cases

As you all know, we will start using the [AJCC 8th Edition](#) for staging of 2018 cases. There will also be new data items collected and other data collected but in new data fields. CDC anticipates release of updated software in mid-2018. OCISS will communicate updates, as available. Meanwhile, all reporters should concentrate on reporting any outstanding 2016 and 2017 cases.

Reminder: Monthly Death Data in Web Plus

Monthly files of death data from the Ohio Department of Health Bureau of Vital Statistics (VS) are available to you in [Web Plus](#), in the same location as the yearly files on the same page as the NAACCR webinars. They are posted the first week of each month for the previous month. Some of you have requested these files each month directly from VS; you no longer need to do so.

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.

Prostate (October 2017 webinar)

- ◇ SEER Summary Stage 2000 —if margins are involved, even though there is no extracapsular extension, summary stage is "2" (pg 225 of SEER Summary Staging Manual 2000).
- ◇ AJCC 7th edition Cancer Staging—the note under the staging group table that states "when either PSA or Gleason is not available, grouping should be determined by T stage and/or either PSA or Gleason as available" is meant for PHYSICIANS ONLY—NEVER cancer reporters. Physicians need to discuss stage & prognosis with their patients (Donna Gress from AJCC).
 - * * * * *
- ◇ 2018 Teasers (for cases diagnosed 2018+)
 - ⇒ Sarcomatoid acinar adenocarcinoma will be a new term with histology code 8572.
 - ⇒ New grade groups for prostate cancer are based on the Gleason score and patterns (see pp 722 and 724 of AJCC 8th Edition Cancer Staging Manual).
 - ⇒ New data items:
 - * Grade Clinical —pre-treatment
 - * Grade Pathological—from resected specimen (pT) or clinical grade, whichever is higher
 - * Grade Post Therapy—grade post-treatment
 - ⇒ Please note the critical errata in AJCC 8th Edition Cancer Staging Manual for prostate (Chapter 58, <https://cancerstaging.org/references-tools/deskreferences/Pages/8EUpdates.aspx#CriticalChanges>).
 - ⇒ pT2a, pT2b, pT2c has been collapsed into a single pT2 stage category for AJCC 8th Edition (pg 720 of AJCC 8th Edition Staging Manual).
 - ⇒ Prostatic Specific Antigen value will be coded in new site specific data item (SSDI) called "PSA (Prostatic Specific Antigen) Lab Value," **where the coding includes a decimal point** (see slide 61 of the webinar for a comparison of how PSA is coded in SSF1 vs the new SSDI).
 - ⇒ Pathologic extension (currently coded in SSF3) will be coded in new SSDI called "Prostate Pathological Extension"; Gleason patterns and scores (currently coded in SSF7-11) will be recorded in new SSDIs as well (see slide 65 of the webinar for a table of the SSFs and the corresponding SSDI).
 - ⇒ For radiation primary treatment volume, there will be new codes in the **ST**andards for **O**ncology **R**egistry **E**ntry (STORE) manual: 64—whole prostate, 65—partial prostate
 - ⇒ Radiation that is part of first course of treatment will have new data items including "Phase I Radiation to Draining Lymph Nodes" and "Phase I Radiation External Beam Planning Technique" (see slides 87-91 of the webinar for a full list and comparison between FORDS and new STORES codes)

Larynx (November 2017 webinar)

- ◇ True Vocal Cord - code primary site to C32.0 Glottis
- ◇ Priority order for coding primary site (see pp 17-18 of Multiple Primary & Histology Manual 2007):
 - ⇒ Specialty Tumor Board
 - ⇒ General Tumor Board
 - ⇒ Staging physician's site assignment
 - ⇒ If none of the above are available, then priority order is from
 - * Total Resection (surgeon's statement from operative report, path report final diagnosis)
 - * Biopsy Only (endoscopy, radiation oncologist, diagnosing physician, etc.)
 - ⇒ Overlapping site codes (C32.8 and C32.9) are a last resort. Try to avoid these site codes, as you will not be able to assign a T value for AJCC staging
- ◇ Most common metastatic site is lung.
- ◇ Most common histology is squamous cell carcinoma. Adenocarcinoma is uncommon and sarcomas and lymphomas are rare. The treatment of these are very different from squamous cell carcinoma.
- ◇ HPV is not a significant risk factor.
- ◇ SSF3-6 will not be collected for 2018 diagnosis year cases or as SSDIs (as at the time of the webinar).

Uterus (December 2017 webinar)

- ◇ Multiple Primary & Histology Rules (MP/H) Table 2 of Other Sites include "gynecological malignancies with 2 or more histologies" that lists papillary and serous, but please note that papillary serous adenocarcinoma has its own histology code 8460. Do **NOT** code as mixed cell adenocarcinoma 8323 from the table.
- ◇ Cervix (C53._, Chapter 35 in AJCC 7th Edition, Chapter 52 in AJCC 8th Edition)
 - ⇒ In 2018, there will be new histology terms associated with existing codes (ex. 8120/3 squamotransitional cell carcinoma, 8263/3 villoglandular carcinoma, 8574/3 adenocarcinoma mixed with neuroendocrine carcinoma, etc.).
 - ⇒ Window for AJCC TNM clinical classification closes once first course of treatment starts.
 - ⇒ For both AJCC 7th and 8th edition, lymph node information from FNA, biopsy, CT, MRI, PET are **NOT** used in *clinical* staging due to these techniques not being universally available.
 - ⇒ Para-aortic lymph nodes are *distant* lymph nodes for SEER Summary Stage 2000 and AJCC 7th edition, but will be *regional* lymph nodes in AJCC **8th** edition.
 - ⇒ Tis category has been removed in AJCC 8th edition and N1 category removed from stage grouping.
- ◇ Uterus (C54._, Chapter 36 in AJCC 8th Edition, Chapters **53 and 54** in AJCC 8th Edition)
 - ⇒ In 2018, there will be new histology terms and behavior codes (ex. 8041/3 high-grade neuroendocrine carcinoma, 8263/3 endometrioid adenocarcinoma, villoglandular, 8441/2 serous endometrial intraepithelial carcinoma, etc.)
 - ⇒ Para-aortic lymph nodes are considered *regional* lymph nodes for SEER Summary Stage 2000, AJCC 7th and AJCC 8th edition TNM staging.
 - ⇒ Carcinoma and carcinosarcoma cancer of the uterus (Chapter 53 in AJCC 8th Edition) will have additional N1mi and N2mi categories for lymph node micro-metastasis that is <2 mm in diameter)
 - ⇒ There will be new radiation data items for 2018, with new STORE codes for existing radiation data items and new data items such as "Phase I Radiation to Draining Lymph Nodes".

General Information About 2018 Implementation

- ◇ New histology codes, terms and changes to behavior will be posted on the NAACCR 2018 Implementation Page: <https://www.naacccr.org/2018-implementation/>
- ◇ As of December 18, 2017, the electronic version of the AJCC 8th Edition manual is on hold; please see AJCC's website for the latest news: <https://cancerstaging.org/About/news/Pages/news.aspx>



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Ohio
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AJCC 8th Edition Updates and Training

On November 10, 2017, AJCC posted the entire breast chapter of the AJCC 8th Edition cancer staging manual due to major updates to the chapter with two *prognostic* stage tables instead of one. Learn more and download the new chapter [HERE](#).

AJCC has announced the schedule for their free public 8th edition webinar series. Complete information is on their website: <https://cancerstaging.org/CSE/Registrar/Pages/8thEditionWebinars.aspx>. These webinars are pre-approved by NCRA for 1 hour of continuing education (CE) each and meet the Category A requirement.

Introduction & Descriptors	Thursday, December 7, 2017 (2-3pm ET)
Minor Rule Changes	Thursday, February 15, 2018 (2-3pm ET)
Major Rule Changes	Tuesday, March 20, 2018 (2-3pm ET)
CAnswer Forum & Staging Questions	Tuesday, April 17, 2018 (2-3pm ET)
Head & Neck Staging	Wednesday, July 25, 2018 (2-3pm ET)
Breast Staging	Thursday, September 6, 2018 (2-3pm ET)

ODH Releases New Breast Cancer Publication

The Ohio Department of Health has recently released *Breast Cancer in Ohio, 2010-2014*. Completed in collaboration with The Ohio State University, this 23-page profile includes Ohio-specific information on female breast cancer incidence and mortality, trends, stage at diagnosis, histology, hormone receptor and HER2 status, treatment, survival, risk factors, signs and symptoms, and screening. The report also includes information on male breast cancer in Ohio. The report is available at: http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health/OCISS/Reports/BreastProfile1014_Oct_120.pdf.

A two-page fact sheet based on this report is also available at: <http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health/OCISS/Reports/breast-cancer-fact-sheet-2017.pdf>.

Calendar of Events / Save the Date

May 20-23, 2018 (registration and hotel information will be available January 2018)
National Cancer Registrars Association 44th Annual Educational Conference
New Orleans, Louisiana
See website for details and to register: www.ncra-usa.org

June 9-16, 2018
NAACCR 2018 Annual Conference
“Bridging the Path to the Future of Cancer Surveillance”
Pittsburgh, Pennsylvania
See website for details and to register: www.naacr.org/naacr-2018-annual-conference/