

OCISS Newsletter



OCISS Updates

NAACCR Version 16 Conversion

OCISS has been reviewing national data collection requirements for cancer cases diagnosed January 1, 2016 and later. There are minimal changes in the data items to be collected from hospital reporters compared to 2015. OCISS will be collecting three new data items from hospital reporters: Tumor Size Summary, which replaces the CS Tumor Size data item used for cases diagnosed 2004-2015; the NPCR Derived Clinical Stage Group; and NPCR Derived Pathologic Stage Group.

The major differences with NAACCR Version 16 are in the record layout. This will impact hospital reporters that upload files to OCISS. Column spaces for some data items have been moved in order to accommodate new data items.

OCISS's conversion to NAACCR version 16 is dependent on when new edit sets become available. Many existing data items will not be required for cancer cases diagnosed January 1, 2016 and later. Edits are needed that will account for date of diagnosis. To date, national standard setters have not yet released new edit sets or the timeline for when they will be available.

OCISS typically aims to convert to newer NAACCR versions within six months of the beginning of a diagnosis year. We will keep hospital reporters updated on the timeline for this year's conversion.

Death Clearance

Thank you for completing the survey on last year's death certificate follow-back process using Web Plus. OCISS received 33 responses. Most feedback was positive. OCISS plans to use Web Plus again this year and to incorporate suggestions provided by survey respondents.

Hospital Reporting Survey

Thank you for completing the survey on ambulatory providers in your community who diagnose and/or treat cancer outside the hospital setting. OCISS received the names of almost 100 ambulatory providers. We are in the process of cross-referencing this information against OCISS's cancer reporter lists.

National Cancer Registrars Week

This year's National Cancer Registrars Week (NCRW) was celebrated April 11-15, 2016. The theme for this year's NCRW was "**Cancer Registrars: The Heart of Improving Cancer Care**" to acknowledge how cancer registrars play a critical role in the fight against cancer. Cancer registrars capture the data used by researchers, medical professionals, and public health to advance cancer research, measure outcomes of treatment and survival to improve patient care, and target cancer prevention and screening programs. OCISS recognizes and appreciates the expertise and dedication of cancer registrars throughout Ohio. Thank you for all that you do!

OCISS Staff

OCISS recently welcomed 3 new staff members. Sheri Hedden joined OCISS in November 2015. Sheri joined us from Berger Health System where she worked as a coder for more than two years. Rebecca Levings, RHIT, started in January 2016. Rebecca has her AAS in Health Information Management. Ruth Li, PhD, came on board in February 2016. She obtained her PhD in Integrated Biomedical Science from The Ohio State University. All three are currently training on multiple sites. They bring with them a fresh and unique perspective and we are excited to have them on board.

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Abstracting Tips: ICD-O-3

OCISS is seeing cases of pancreatobiliary adenocarcinoma reported as unknown primaries.

Tip: Per NAACCR's "[Guidelines for ICD-O-3 Update Implementation](#)" revised 4/15/14, Table 2 (ICD-O-3 Changes Effective for January 1, 2015), pancreatobiliary-type carcinoma or adenocarcinoma, pancreatobiliary-type is topography code C24.1 and should be coded with histology code 8255/3.

Abstracting Tips: Melanoma

OCISS is seeing inconsistencies in the following terms in the abstracting of diagnostic procedures and surgery of primary site for melanoma cases:

- ⇒ RX DATE DX/STG PROC (NAACCR Item #1280)
- ⇒ RX DATE SURGERY (NAACCR Item #1200)
- ⇒ DATE 1ST CRS RX COC (NAACCR #1270)

Abstracting Clarification – shave or punch biopsies are most often *diagnostic*. Code as a surgical procedure **ONLY** when the entire tumor is removed and margins are clear [SEER Program Coding & Staging Manual 2015 pp 130-131, FORDS 2016 pp 233, 239]. In other words, unless the margins are clear with entire tumor removal, shave or punch biopsies should be coded in the Rx Date Dx/Stg Proc field instead of surgery field and is not part of first course of treatment.

AJCC 7th Edition Melanoma Staging – AJCC has a "Critical Clarifications for Registrars" section on their homepage (<https://cancerstaging.org/>), and the first topic presented is melanoma of the skin. The clarification rules and rationale were vetted by the entire AJCC Melanoma Expert Panel including UICC representatives at their November 17, 2015 meeting. Staging criteria are summarized in the table below:

	Clinical	Pathologic
T category	Excision of tumor (e.g. biopsies: shave / punch / incisional / excisional, or complete excisional bx, aka microstaging)	Includes definitive treatment specimen (wide-excision or re-excision), as well as clinical bx information
N category	Physical exam & imaging ONLY	Sentinel node bx, partial or complete lymphadenectomy, along with info from clinical exam & imaging
M category	Follow AJCC Staging Manual Ch 1 rules	Follow AJCC Staging Manual Ch 1 rules

References:

- * Adamo M, Dickie, L, Ruhl J. (January 2015). *SEER Program Coding and Staging Manual 2015*. National Cancer Institute, Bethesda, MD 20850-9765.
- * American Joint Committee on Cancer. (2015, November). *AJCC 7th Edition Melanoma Staging*. Retrieved from <https://cancerstaging.org/>.
- * Commission on Cancer. *FORDS Facility Oncology Registry Data Standards: Revised for 2016*. Chicago: American College of Surgeons Commission on Cancer; 2016. (Electronic version available at <https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals>).

Abstracting Tips: Multiple Primary and Histology (MP/H) Rules

Metastatic lesions:

Please remember to review the MP/H rules (<http://seer.cancer.gov/tools/mphrules/>) when abstracting. In particular, do not neglect to review the **General Rules** that start on page 7 of the manual. A recurring error that OCISS has seen is metastatic sites being counted when determining the number of tumors. As stated in the general rules, when determining the number of tumors: “Do not count metastatic lesions.” This is also reiterated in each of the site-specific modules in the notes: “Tumor(s) not described as metastasis.”

Important multiple primary rules for the breast:

OCISS is seeing cases of breast cancer being reported as multiple primaries although they are considered single primaries per the MP/H rules. Remember when using the MP/H rules to stop at the *first* rule that applies to your case. When you have **multiple tumors** and rules M4 through M8 do not apply, review M9-11:

- ◇ MP/H Rule M9: Are the tumors intraductal OR **duct and Paget Disease**?
- ◇ MP/H Rule M10: Are the tumors lobular (8520) **AND** intraductal or **duct**?
- ◇ MP/H Rule M11: Are there multiple intraductal and/or duct carcinomas?

If the answer to any of the above questions is “Yes” AND the histology is one or more of those listed below, report as a SINGLE primary. Then use the histology rules for “Multiple tumors abstracted as single primary” (H20 and on) to code the histology.

Table 1 and **Table 2** on pg 49 of the MP/H manual (Chap V.v. “Terms & Definitions” - Breast) lists the *most common* intraductal and duct carcinomas:

- ◇ Intraductal (8500/2) and specific intraductal carcinomas (8201, 8230, 8401, 8500, 8501, 8503, 8504, 8507)
- ◇ Duct (8500/3) and specific duct carcinomas (8022, 8035, 8500, 8501, 8502, 8503, 8508)

Important Reminders

- ◇ Please contact *Debbie Mercer* at 614-466-7220 or Deborah.Mercer@odh.ohio.gov if:
 - ⇒ The person who does your reporting is no longer doing that work;
 - ⇒ Someone new is now reporting for your facility; or
 - ⇒ You need a Web Plus password reset.
- ◇ Please contact *Barbara Warther* at 614-644-9101 or Barbara.Warther@odh.ohio.gov if:
 - ⇒ Your facility merges with another or you begin reporting for another facility;
 - ⇒ You change the American College of Surgeons (ACoS) number you report under; or
 - ⇒ Your file times out during upload. The timed-out file needs to be deleted before you can re-submit.
- ◇ OCISS often see cases of transposed and mistyped birthdates and social security numbers, please review numeric fields carefully.
- ◇ If your file has EDIT errors, print off the EDIT report, and then delete your bundle. Fix the EDIT errors in your registry database before re-submitting your file. Please call Barb Warther if you have questions about EDIT errors and how to correct.
- ◇ NAACCR Webinars are available in [Web Plus](#). Each provides 3 hours of continuing education (CE) credit. CEs are available for three years after the ‘live session’ was presented. This is a great option if you need CEs.

**OCISS**

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For issues with Web
Plus uploads, contact:

Barbara Warther
Barbara.Warther@odh.ohio.gov
Ph: 614-644-9101

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Deborah.Mercer@odh.ohio.gov
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Ask OCISS**1. What is Class of Case 32?**

Code Class of Case as "32" when a patient comes to your facility for persistence or recurrence of disease, and the initial diagnosis and all of the *first course* of treatment for the disease was done at another facility/facilities. Do not code these as class of case 10-22 and do not code date of diagnosis as date of admission to your facility. If year of diagnosis cannot be identified, it MUST be approximated. In that instance, the month and day are unknown.

2. When do I report a Class of Case 32 to OCISS?

Only report a Class of Case = 32 to OCISS if the patient's INITIAL diagnosis of that cancer (NOT the disease progression/recurrence) was *within the last 24 months* and the patient comes to your facility for secondary treatment of disease recurrence or persistent disease. Older Class of Case 32 reports do NOT need to be reported to OCISS.

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

Save the Date - Training with April Fritz

OCISS is sponsoring a one-day training with April Fritz in June. The morning session will focus on TNM staging of melanoma, lymphoma and gynecological cancers. The afternoon session will focus on coding first course of treatment data. The training is eligible for six hours of continuing education credit for the Certified Tumor Registrar credential. The training is free-of-charge. Participants will have the option of purchasing a boxed lunch. Agenda and registration materials will be emailed to hospital cancer reporters in the coming weeks. Please contact OCISS at OCISS@odh.ohio.gov with questions.

Tuesday, June 7, 2016, 8:45 am to 4:15 pm
Department of Natural Resources
2045 Morse Rd
Columbus, OH 43229

Calendar of Other Events

May 25, 2016 (registration deadline is May 11, 2016)
ICRA-OCRA Regional Cancer Registry Workshop
Fort Wayne, Indiana
See website for details and to register: ohio-ocra.org

June 1-3, 2016 (registration deadline is May 13, 2016)
OCRA CTR Exam Prep Workshop
Dublin, Ohio
See website for details and to register: ohio-ocra.org

June 11-16, 2016
NAACCR 2016 Annual Conference "Gateway to Cancer Discoveries"
St. Louis, Missouri
See website for details:
<http://www.naacr.org/EducationandTraining/AnnualConference.aspx>