

OCISS Newsletter



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OCISS Updates

NAACCR v 16

We do not yet have a release date for Web Plus in NAACCR v 16. Our goal is to release a NAACCR v 16 compliant version of Web Plus in October but our timeline is dependent on when we receive the software from the Centers for Disease Control and Prevention (CDC). CDC is anticipating a release in early October.

As soon as OCISS receives the software from CDC, we will update data collection forms in Web Plus and start testing it with the edit set we have created for NAACCR v 16. We have developed an edit set which incorporates the national edit sets which have been released (NAACCR v 16 and 16 A). There will be another edit set (16B) that we will also review when it becomes available to determine if we need to add, delete, or replace any edits.

OCISS will communicate updates via email to all hospital reporters on our email list.

As we move to NAACCR v 16, OCISS will be collecting information on tobacco history. Tobacco history had been collected in the past but was discontinued several years ago. Tobacco history is not a standard NAACCR data field. OCISS data collection will be similar to what it had been in the past in which we were able to distinguish current users from previous users (including the type of tobacco product used) from those who never used.

Also as we move to NAACCR v 16, OCISS will be implementing a new process for labelling files submitted via file upload. We had established a labelling format when we first started using Web Plus but it has not been followed by all reporters. The new format will include facility name, OCISS Reporting Source ID, and a date. OCISS will be communicating with each facility that submits data via file upload with specific information on how their files should be labelled.

Close Out 2015

As we await conversion, please make sure that all of your cases diagnosed between January 1 – December 31, 2015 have been reported to OCISS. OCISS emailed a Close Out Form for 2015 to all hospitals in mid-September. Please complete and return to OCISS by no later than October 28, 2016. Note that even if you are not yet finished with reporting of cases for diagnosis year 2015, we need your form returned so we know when you anticipate being finished with this work.

Death Clearance

Many thanks to all who received and processed requests for death certificate follow-back this year. Your assistance in this process is important to the quality of OCISS data.

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. The following are some abstracting tip highlights from recent NAACCR webinars. Refer to the specific webinars for more information.

Abstracting Tips: Bladder (NAACCR Webinar August 2016)

- ◇ Urinary [MP/H rules](#) highlights:
 - ⇒ M6 *bladder* tumors with any combinations of the following histologies (papillary carcinoma 8050, transitional cell carcinoma 8120-8124, papillary transitional cell carcinoma 8130-8131) are a single primary.
 - ⇒ M7 tumors diagnosed more than 3 years apart are multiple primaries.
 - ⇒ M8 urothelial tumors (Table 1 pg 64 of 2007 MP/H Coding Rules) of two or more of the following primary sites (Renal pelvis C659, ureter C669, bladder C670-C679, urethra/prostatic urethra C680) are a single primary.
- ◇ If a patient has multiple incidences of urinary cancer over several years, when applying time-related MP/H rules such as M7, refer back to the very first incident (i.e. original diagnosis) to calculate time lapsed.
- ◇ In transitional/urothelial cell carcinoma for bladder, the terminology "high grade TCC" and "low grade TCC" are coded in the two-grade system. For cases diagnosed 2014+, low grade is grade code 2 while high grade is grade code 4. [<http://seer.cancer.gov/tools/grade/>]

Abstracting Tips: Coding Pitfalls (NAACCR Webinar September 2016)

- ◇ This webinar covered a broad range of coding issues identified through quality control of registry data. The majority of the webinar was on TNM staging, with many case scenarios presented. Coding topics include tumor size summary, mets at diagnosis, biochemical failure in prostate cancer, GIST, palliative care, and class of case. Review of this webinar and the associated Q&A document is highly recommended.
- ◇ Updates given at the webinar include the delay to 2018 for the implementation of the following manuals:
 - ⇒ MP/H Rules revision
 - ⇒ SEER Summary Stage (revisions to reflect AJCC 8th Edition)
 - ⇒ FORDS revision project
- ◇ What to do after converting to version 16 if you abstracted diagnosis year 2016 cases in version 15 software:
 - ⇒ Review each abstract & update the following fields:
 - * T, N, and M values (add c's & p's, enter implied values such as cM0)
 - * Staged by
 - * Tumor size summary
 - * Values in some CS items may need to be removed

Clarification About SEER*RSA (Registrar Staging Assistant) Usage

The SEER*RSA was a resource listed in the OCISS July Newsletter, where its helpfulness in identifying the schema for an uncommon site/histology combination and for direct links to corresponding sections of the SEER Summary Stage 2000 manual was mentioned.

In their summer newsletter, the Centers for Disease Control and Prevention's National Program of Cancer Registries (NPCR) gave important information about the use of SEER*RSA. Specifically, reporters are **NOT** to use the SEER*RSA to **derive codes** for TNM staging, but should continue to directly code AJCC stage data using the AJCC coding manual and rules. This is so data submitted to NPCR, by central cancer registries such as OCISS, is not processed and converted through external tools. It also helps ensure the consistency and integrity of staging data submitted to NPCR. Therefore, please do not use the SEER*RSA to **derive** TNM staging codes. Thank you.

Highlights from OCISS Professional Development Seminar (June 7, 2016)

The OCISS Professional Development Seminar covered TNM staging of melanoma, lymphoma, and ovary and corpus, as well as coding of surgery, radiation, and systemic treatment fields. Some highlights include:

- ◇ Surgery of primary site:
 - ⇒ If a lymph node is biopsied/removed to diagnose or stage lymphoma but that node is NOT the only node involved with lymphoma, use code 02 in “surgical diagnostic and staging procedure”. If there is a **single** involved node (i.e. stage I) and it is removed, code the procedure in “surgical procedure of primary site” instead [FORDS 2016, pg 138].
 - ⇒ For extranodal/extralymphatic lymphomas, code extralymphatic primary site surgery to the specific organ using FORDS’ site-specific surgery codes.
- ◇ Radiation treatment modality:
 - ⇒ Unless specified as IMRT or 3D, code the following in codes 20-29 based on the machine strength: AP/PA, 3-field, 4-field, opposing pairs, INTRABEAM (code 21, orthovoltage), MOBETRON (code 28, electrons), NOVAC-7 (code 28, electrons)
 - ⇒ Some newer forms of IMRT (code as 31): Volumetric Arc Therapy, Volumetric Modulated Arc Therapy (VMAT), RapidArc, Cone Beam Therapy (CBT), Dynamic Adaptive Radiotherapy (DART, aka 4D treatment), Tomotherapy, Simultaneous Integrated Boost Intensity Modulated Radiation Therapy (SIB-IMRT).
- ◇ Systemic treatment:
 - ⇒ If physician changes systemic treatment agent and the replacement agent belongs to a group different from the original agent, it is subsequent therapy [FORDS 2016, pg 28]. Use **SEER*RX** to determine the groupings (i.e. subcategories) of systemic therapy agents.

TNM Staging Resources

- ◇ **AJCC Curriculum** - many resources are available under the “Cancer Staging Education” menu at the American Joint Committee on Cancer (AJCC) website. The **registrar** menu includes:
 - ⇒ A new stage classification timeframe graphic called “Timing is Everything”.
 - ⇒ Five new disease-site webinars highlighting the uniqueness, differences, exceptions and special concerns for melanoma, lung, breast, colorectum, and prostate.
 - ⇒ AJCC Curriculum for Registrars contains four modules with increasing detail. Module I provides the basic principles of staging while modules II through IV cover beginning, intermediate, and advanced staging rules, respectively.
 - ⇒ Presentations for self-study or group lecture include:
 - * Registrar’s guide to chapter 1 of AJCC 7th edition
 - * **Explaining blanks and X**, ambiguous terminology & support for AJCC staging
 - * AJCC T, N, and M category options for registry data items in 2016
 - ⇒ <https://cancerstaging.org/CSE/Registrar/Pages/default.aspx>
- ◇ **AJCC Curriculum for Physicians** - because TNM stage was meant to be assigned by a physician in a clinical setting, AJCC also provides physician resources:
 - ⇒ 18 articles on AJCC staging from various medical journals
 - ⇒ 14 free webinars recorded by physicians on staging rules and disease sites
 - ⇒ <https://cancerstaging.org/CSE/Physician/Pages/Physician.aspx>
- ◇ **AJCC Staging Quick References** - these downloadable posters provide an overview of the TNM classification and stage grouping for breast, cervix, colon and rectum, lung, melanoma, pancreas, and prostate.
 - ⇒ <https://cancerstaging.org/references-tools/quickreferences/Pages/default.aspx>



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Ask OCISS - CANSWER Forum

In the CDC's NPCR Summer Newsletter, a new process for submitting questions to the CANSWER Forum was outlined to eliminate multiple questions on the same subject and to streamline the process at the forum (<http://cancerbulletin.facs.org/forums/>).

Cancer reporters should not submit questions directly to the CANSWER Forum. Instead questions should be submitted to the central cancer registry. Ohio's cancer reporters are encouraged to submit questions to OCISS (email to OCISS@odh.ohio.gov with **Ask OCISS** in the subject field).

Ohio Annual Cancer Report, 2016

The Ohio Department of Health has released *Ohio Annual Cancer Report, 2016*, which provides a summary of cancer incidence and mortality data for 2013 and trends in cancer rates in Ohio for 2004-2013. Also included are cancer statistics by race, stage at diagnosis, and county in Ohio in 2013.

The report can be found on the ODH Cancer Data and Statistics web page:

<http://www.healthy.ohio.gov/cancer/ocisshs/newrpts1.aspx>

SEER*Educate New Coding Drills

The free training in SEER*Educate (<http://educate.fredhutch.org/>) has been expanded to include 3 sets of coding drills in the CTR Prep Tests section of the Training Menu.

Cancer Moonshot

On September 7, 2016, The National Cancer Advisory Board (NCAB) accepted the report by the Blue Ribbon Panel (BRP) on 10 transformative research approaches that fit the goal of the Cancer Moonshot to make a decade's worth of progress against cancer in five years. Two of the recommended topics, "build a national cancer data ecosystem" and "mine past patient data to predict future patient outcomes" may be of particular interest to cancer registries. Details of the Blue Ribbon Panel recommendation topics can be viewed here:

http://www.cancer.gov/research/key-initiatives/moonshot-cancer-initiative/blue-ribbon-panel?cid=eb_NCI%20Internal_announce_moonshot_brp_report

Save the Dates

Ohio Partners for Cancer Control's Patient Centered Services Committee will be offering 3 webinars for CoC hospital to address challenges & successes around the patient centered CoC standards.

October 4th 2016, 12-1:30pm - Distress Screenings

November 1st 2016, 12-1:30pm - Survivorship Care Plans

December 6th, 2016, 12-1:30pm - Clinical Trial Patient Accrual