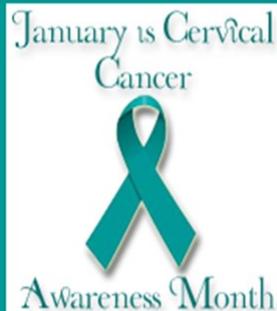


OCISS Newsletter



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OCISS Newsletter is Back

Welcome to the return of the OCISS Newsletter! It has been quite some time since OCISS published a newsletter. Your requests to bring it back did not go unnoticed. We are happy to bring you the first issue for 2015. Our plans are to publish quarterly. We will email cancer reporters and also post the newsletter to the OCISS website at

http://www.healthy.ohio.gov/cancer/ocisshs/ci_surv1.aspx.

We want to make sure the newsletter is informative but not too lengthy. Four sections—OCISS Updates, Coding Tips, Frequently Asked Questions, and Calendar of Events—will be standard from issue to issue. We would like to

hear from you if there is something you'd like to see that we're not including or if we're sharing information that is not really helpful. Please send your feedback to the general OCISS email at **OCISS@odh.ohio.gov**.

OCISS Updates

This past year, OCISS implemented a Close Out process. By now, each hospital should have provided Close Out information to OCISS. Thank you! We are in the process of comparing the number of cancer reports received from your facility to what you reported on your Close Out form. If we find major discrepancies, Barbara Warther will be following up to resolve them. If your facility did not receive the request for Close Out information, please contact Barbara at

barbara.warther@odh.ohio.gov.

Beginning this month, OCISS would like for hospitals with 250 or more cancer reports each year to submit their data to OCISS monthly. Those with fewer cancer reports can also report monthly, but no less frequently than quarterly. Other central cancer registry functions—for example, audits, death clearance follow-back and electronic pathology reporting—rely upon

having complete and timely data at the time they are conducted. The sooner OCISS receives cancer reports, the sooner OCISS can conduct these other central cancer registry functions.

Collaborative Stage changes go into effect with reporting of cancer cases diagnosed on or after January 1, 2015. OCISS will be upgrading Web Plus to accommodate TNM reporting for hospital reporters by June 2015.

Coding Tips: Laterality

Important—Using Correct Laterality Codes for Paired Sites

It is important to code laterality for paired sites. Laterality identifies the side of a paired organ site or the side of the body in which the tumor originated. Code laterality in the **Laterality** field. Include text documentation in the **Text-Primary Site Title** field. Make sure that the code and text match. See the list of paired sites below.

Laterality Codes

- 0 Not a paired site
- 1 Right: origin of primary
- 2 Left: origin of primary
- 3 Only one side involved, right or left not specified
- 4 Bilateral, single primary
- 5 Paired site, midline tumor
- 9 Primary site, no information on laterality

Source: Fords Manual 2013

List of Paired Sites

ICD-O-3	Site	ICD-O-3	Site
C07.9	Parotid gland	C47.1	Peripheral nerves and autonomic nervous system of upper limb and shoulder
C08.0	Submandibular gland	C47.2	Peripheral nerves and autonomic nervous system of lower limb and hip
C08.1	Sublingual gland	C49.2	Connective, cutaneous and other soft tissue of lower limb and hip
C09.0	Tonsillar fossa	C50.0-C50.9	Breast
C09.1	Tonsillar pillar	C56.9	Ovary
C09.8	Overlapping lesion of tonsil	C57.0	Fallopian tube
C09.9	Tonsil, NOS	C62.9-C62.9	Testis
C30.0	Nasal cavity (excluding nasal cartilage and nasal septum)	C63.0	Epididymis
C30.1	Middle ear	C63.1	Spermatic cord
C31.0	Maxillary sinus	C64.9	Kidney, NOS
C31.2	Frontal sinus	C65.9	Renal pelvis
C34.0	Main bronchus (excluding carina)	C66.9	Ureter
C34.1-C34.9	Lung	C69.0-C69.9	Eye and lacrimal gland
C38.4	Pleura	C70.0	Cerebral meninges, NOS
C40.0	Long bones of upper limb and scapula	C71.0	Cerebrum
C40.1	Short bones of upper limb	C71.1	Frontal lobe
C40.2	Long bones of lower limb	C71.2	Temporal lobe
C40.3	Short bones of lower limb	C71.3	Parietal lobe
C41.3	Rib and clavicle (excluding sternum)	C71.4	Occipital lobe
C41.4	Pelvic bones (excluding sacrum, coccyx, and symphysis pubis)	C72.2	Olfactory lobe
C44.1	Skin of eyelid	C72.3	Optic lobe
C44.2	Skin of external ear	C72.4	Acoustic lobe
C44.3	Skin of other and unspecified parts of face	C72.5	Cranial nerve, NOS
C44.5	Skin of trunk	C74.0-C74.9	Adrenal gland
C44.6	Skin of upper limb and shoulder	C75.4	Carotid body

Source: Fords Manual 2013

Coding Tips: Race

There are 5 fields for collection of race: Race 1-Race 5.

If you have no information on the patient's race:

Code all 5 race fields to 99 (unknown).

If you have information on the patient's race and the patient identifies themselves as being of one race:

Code the patient's race in Race 1.

The remaining 4 race fields should be coded to 88 (no further race documented).

If you have information on the patient's race, the patient identifies themselves as being of multiple races, but none of the races is white:

Code the patient's races in Race 1, Race 2, etc.

Any remaining race fields should be coded to 88 (no further race documented).

If you have information on the patient's race, the patient identifies themselves as being of multiple races, one of which is white:

Code the patient's races in Race 1, Race 2, etc.

Code patient race=white (01) in the last race field needed to document race.

Any remaining race fields should be coded to 88 (no further race documented).

The collection of race is of great importance so that data can be analyzed to determine if there are differences in cancer burden and stage of disease by race. Reports missing race information must be excluded from these analyses, which may skew results.

Not only is race important when analyzing data, cancer reports that do not contain race information are excluded when CDC and NAACCR estimate completeness of state cancer registry data. This negatively impacts Ohio's completeness percentage.

This is why OCISS contacts cancer reporters with large numbers of reports with missing race data. If your hospital does not collect patient race and ethnicity on intake, or if the information is often missing, please make sure to read the physician notes that typically provide patient demographic information.



OCISS

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TNM Training

As we plan for the transition to use of directly-assigned AJCC-TNM Staging, OCISS plans to offer four regional trainings in April and early May in which April Fritz will be the trainer. OCISS is aware that April is also providing training in Michigan that some Ohio hospital cancer registrars plan to attend. We are working to make sure the trainings are not duplicative. We will provide dates and locations as soon as we have them.

CDC is developing site-specific training presentations with speakers' notes for both AJCC Staging 7th Edition and SEER Summary Stage 2000. They have shared their presentations with the National Cancer Registrars Association (NCRA). NCRA has posted these presentations at the following link:

www.cancerregistryeducation.org/tnm-ss-resources.

SEER is offering 14 free training modules through the SEER Educate TNM Training Series. You can sign up at SEER Educate at <https://educate.fhcrc.org>.

Frequently Asked Questions

1. If there are 2 tumors in the same breast identified **simultaneously**—one is lobular carcinoma and the other is intraductal or duct carcinoma- is this 2 primaries?
No. This is a single primary. Code as histology code of 8522 according to the MP/H rules (M10).
2. Are cancer cases reportable on out-of-state residents?
Yes. Cancer cases diagnosed and/or treated in Ohio are reportable to OCISS. OCISS sends out-of-state data to other central cancer registries twice a year. Other states do the same.

Calendar of Events

March 23-25, 2015

2015 Ohio Health Information Management Association (OHIMA) Annual Meeting and Trade Show, Columbus, Ohio.

See website for details: www.ohima.org

May 20-23, 2015

2015 National Cancer Registrars Association (NCRA) Annual Educational Conference, San Antonio, Texas.

See website for details: www.ncra-usa.org

June 13-19, 2015

2015 NAACCR Annual Conference, Charlotte, North Carolina.

See website for details: www.naacrc.org