

# OHIO CANCER INCIDENCE SURVEILLANCE SYSTEM



## Inside this issue:

OCISS Updates	1
Death Clearance	1
Results of Annual Data Submission	2
Coding Tips: Unknown Primaries	2
ICD-10-CM	2
Text Fields	2
Case-finding Source	3
NAACCR Webinars in Web Plus	4
Ask OCISS	4
Calendar of Events	4

# OCISS Newsletter

## OCISS Updates

### Version 15

OCISS upgraded Web Plus to version 15 on August 19, 2015. The conversion went smoothly, though we apologize that we had delays which impacted your ability to report cases to us. The major change in version 15 is the collection of Directly Coded Seer Summary Stage and TNM Stage for cases diagnosed January 1, 2015 and later. New fields collected in version 15 include Date of Most Definitive Surgery (or the corresponding Date Flag) and Case-finding Source (see article on page 3).

For hospitals that upload files into Web Plus, you can submit files in NAACCR version 14 or 15. Note that if you submit a NAACCR version 14 file, you will not be able to run edits upon upload.

Version 15 edits have been posted to the OCISS website at <http://www.healthy.ohio.gov/cancer/ocisshs/reporting1.aspx> under the heading for Hospital Reporters. We have received several requests from hospital reporters to let registry

software vendors know when we have updated the edits. OCISS does not have a relationship with registry software vendors nor do we know which hospital uses which vendor. Therefore, please forward the emails we send to you to the software vendor you are using.

### 2013 Data

OCISS is working to finalize data for diagnosis year 2013 for its annual data submissions. At this point, we are focusing our efforts on data quality. If you still have 2013 data that has not been submitted, please send this to OCISS as soon as possible.

OCISS has sent requests to hospitals when we have unknown races on cases. Thank you to those of you who have reviewed your records and submitted that information. As you report new cases, please try to find this information before submitting your reports.

OCISS has also sent requests to hospitals this year for cases with Primary Site listed as Unknown to see if a Primary Site could be

assigned. Although we realize that there are times when Primary Site cannot be determined, sometimes the Primary Site is identified after a case has been abstracted and submitted to OCISS. Again, thank you to those of you who have taken the time to review your records. We have received responses from 91 facilities with 233 Unknown Primaries being changed.

### 2014 Data

OCISS will be sending out Close Out Reports for 2014. Please return them as soon as possible. The Close Out process allows us to confirm case counts and work with facilities when those counts are not in sync. Last year, we identified several facilities that had not submitted case reports that they thought they had. We were able to work with them to resolve this. Additionally, the process allows us to see where there are reporting delays and to set up a timeline for submission. OCISS should have all of your 2014 data by now. If not, please send any remaining reports to us as soon as possible.

## Death Clearance

OCISS is in the process of reviewing death certificates for 2013 and identifying persons who died with a cancer diagnosis but not reported to OCISS. In the past, OCISS sent letters to hospitals for follow-up on persons

whose deaths occurred in their facility. This year, OCISS will be using Web Plus for follow-back.

Abstracts will be uploaded into Web Plus and users will be able to update the abstract on-line. This will cut

down on printing and mailing costs as well as the time for follow-back information to get to hospital cancer registrars. OCISS will be setting up webinar trainings in early September for those hospitals that have cancer deaths in need of follow-back.

## Results of Annual Data Submission

OCISS received the following on its most recent data submission to the North American Association of Central Cancer Registries: "NAACCR is pleased to announce that the Ohio Cancer Incidence Surveillance System has attained the **SILVER** standard for quality, completeness, and timeliness for your 2012 data submission! Congratulations and thank-you for all of your hard work!"

OCISS also received notification on its most recent data submission to the Centers for Disease Control and Prevention: "We would like to take this opportunity to recognize your State cancer registry as a Centers for Disease Control and Prevention National Program of Cancer Registries Registry for Surveillance. This achievement indicates that your State cancer registry met the CDC NPCR standard for inclusion in this year's *United States Cancer Statistics* report and other analytic data sets...Meeting the NPCR standards indicate that high-quality data are available for cancer prevention and control activities at the local, regional, and national levels...Congratulations on receiving this recognition, and thank you for your commitment to high-quality cancer surveillance."

Thank you for all that you do to report cancer cases to OCISS. We are successful because of your work!

## Unknown Primaries

Thank you for your assistance in reviewing cases with unknown primary site to see if additional information became available after you reported a case with an unknown primary to OCISS.

In the future, please make sure to follow the International Classification of Diseases for Oncology Third Edition, Rule H:

**"The topography code attached to a morphology term may be used when the topographic site is not given in the diagnosis."**

For example, some terms for neoplasms imply origin: Hepatocellular carcinoma code to C22.0 (Liver). Also, default topography codes should be used when there is no other information available on primary site: Melanoma histology, code to C44.\_ (Skin).

We also recommend that you consider the following before assigning a primary site of unknown:

- Review *Ambiguous Terms that Constitute a Diagnosis* - as described in the Fords Manual.
- Seek clarification from the Pathologist or Managing Physician.
- Review other admissions by the patient to your facility to see if there is information that may help to assign a primary site.

## ICD-10-CM

On October 1, 2015, the code sets used to report medical diagnoses and inpatient procedures will switch from ICD-9-CM to ICD-10-CM. While this will be a big change for medical coders, the new coding system will also affect how cancer registrars go about their jobs. The ICD-O-3 codes used for histology and cancer site coding are based on ICD-10 codes, which should make things a lot easier for cancer registrars. To help with this change, SEER's website provides conversion files for easy reference. A PDF printable version of the **Comprehensive ICD-10-CM Casefinding Code List for Reportable Tumors (effective dates: 10/1/2015—9/30/2016)** as well as the **2015 Comprehensive Cause of Death Casefinding List (Effective date 1/1/2015)** is located on the SEER website.

<http://seer.cancer.gov/tools/casefinding/>

## Text Fields

The OCISS Reporting Source Procedure Manual (Version 7) includes the NAACCR Recommended Abbreviation List in Appendix G, beginning on page 292. This is the approved list of abbreviations for abstractors. When documenting in the text fields, please use abbreviations when appropriate as well as documenting surgery procedures performed including the date and the location. This information is vital to OCISS for consolidating quality data. Website: <http://www.healthy.ohio.gov/~media/ODH/ASSETS/Files/opi/cancer%20incidence%20surveillance%20system%20ociss/reportingmanual7.pdf>

## Case-finding Source

Below is the link to the NAACCR data dictionary for this data field. See details under Coding Instructions. Code to the source that first identified the tumor. <http://www.naacccr.org/Applications/ContentReader/Default.aspx?c=10>

Alternate Name	Item #	Length	Source of Standard	Implemented Year	Implemented Version	Retired Year	Retired Version	Column #
	501	2	<a href="#">NAACCR</a>	2006	11			564 - 565

### Description

These variable codes are the earliest source of identifying information. For cases identified by a source other than reporting facilities (such as through death clearance or as a result of an audit), these variable codes are the type of source through which the tumor was first identified. This data item cannot be used by itself as a data quality indicator. The timing of the case-finding processes (e.g., death linkage) varies from registry to registry, and the coded value of this variable is a function of that timing.

### Rationale

This data item will help reporting facilities as well as regional and central registries in prioritizing their case-finding activities. It will identify reportable tumors that were first found through death clearance or sources other than traditional reporting facilities. It provides more detail than "Type of Reporting Source."

### Coding Instructions

This variable is intended to code the source that first identified the tumor. Determine where the case was first identified and enter the appropriate code. At the regional or central level, if a hospital and a non-hospital source identified the case independently of each other, enter the code for the non-hospital source (i.e., codes 30-95 have priority over codes 10-29). If the case was first identified at a reporting facility (codes 10-29), code the earliest source (based on patient or specimen contact at the facility) of identifying information.

If a death certificate, independent pathology laboratory report, consultation-only report from a hospital, or other report was used to identify a case that was then abstracted from a different source, enter the code for the source that first identified the case, not the source from which it was subsequently abstracted. If a regional or central registry identifies a case and asks a reporting facility to abstract it, enter the code that corresponds to the initial source, not the code that corresponds to the eventual reporting facility.

### Codes

- 10 Reporting Hospital, NOS
- 20 Pathology Department Review (surgical pathology reports, autopsies, or cytology reports)
- 21 Daily Discharge Review (daily screening of charts of discharged patients in the medical records department)
- 22 Disease Index Review (review of disease index in the medical records department)
- 23 Radiation Therapy Department/Center
- 24 Laboratory Reports (other than pathology reports, code 20)
- 25 Outpatient Chemotherapy
- 26 Diagnostic Imaging/Radiology (other than radiation therapy, codes 23; includes nuclear medicine)
- 27 Tumor Board
- 28 Hospital Rehabilitation Service or Clinic
- 29 Other Hospital Source (including clinic, NOS or outpatient department, NOS)
- 30 Physician-Initiated Case
- 40 Consultation-only or Pathology-only Report (not abstracted by reporting hospital)
- 50 Independent (non-hospital) Pathology-Laboratory Report
- 60 Nursing Home-Initiated Case
- 70 Coroner's Office Records Review
- 75 Managed Care Organization (MCO) or Insurance Records
- 80 Death Certificate (case identified through death clearance)
- 85 Out-of-State Case Sharing
- 90 Other Non-Reporting Hospital Source
- 95 Quality Control Review (case initially identified through quality control activities such as casefinding audit of a regional or central registry)
- 99 Unknown

**OCISS**

Bureau of Health  
Promotion  
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Wellness

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## 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/logon/en.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](mailto:OCISS@odh.ohio.gov) and put **NAACCR Webinar Access** in the subject line.

Below is a list of recent webinars:

08-07-15	Central Nervous System
07-09-15	Survivorship Care Plans
06-04-15	Pancreas
05-07-15	Larynx and Thyroid
04-02-15	Stomach and Esophagus
03-05-15	Boot Camp
02-05-15	Uterine Malignancies
01-08-15	Testis

The 2015 AJCC TNM Trainings by April Fritz are also posted on the Web Plus home page.

## Ask OCISS

What data elements should cancer registrars focus on to improve the quality of data submitted to OCISS?

**All data submitted to OCISS is important. Some areas that we find as problematic include:**

- |                                  |   |
|----------------------------------|---|
| • <b>Regional Nodes Examined</b> | <b>If no nodes examined use code 00.</b>  |
| • <b>Regional Nodes Positive</b> | <b>If no nodes examined use code 98.</b>  |
| • <b>CS Tumor Size/Ext Eval</b>  | <b>Please enter if known</b>  |
| • <b>CS Extension</b>            | <b>Please enter if known</b>  |
| • <b>In situ vs. Malignant</b>   | <b>If Behavior code = 3 (malignant), then SEER Summary may not = 0 (in situ).</b> |

Send your questions to [OCISS@odh.ohio.gov](mailto:OCISS@odh.ohio.gov) with **Ask OCISS** in the subject field.

## Calendar of Events

**October 22-23, 2015**

40th Annual Education Conference  
Michigan Cancer Registrars Association

See website for details: <http://www.miregistrars.org/conference.htm>