OCCR QUARTERLY

OCCR QUARTERLY March 2022

OKLAHOMA CENTRAL CANCER REGISTRY

VIRTUAL AUDITS COMING YOUR WAY

Paula Marshall, BBA, CTR

Case-finding and Re-abstraction audits are underway. The Oklahoma Central Cancer Registry (OCCR) is required to monitor Oklahoma health care facilities for completeness and data quality through the data quality assurance process. To satisfy these requirements, OCCR performs audits of randomly selected reporting facilities.

Previously, audits were performed on-site, however this year audits are virtual. A total of eight audits will be completed by the end of June 2022, consisting of three Case-finding, three Re-abstraction and two Text to Code audits.

The auditor will perform the Case-finding audit by means of resources provided by the facility to include: Medical Record Disease Index (MRDI), pathology reports, and any other resources where a cancer case may have been documented, diagnosed, or treated at the facility. A linkage between the OCCR database and the MRDI will result in any missed cases not reported to the OCCR. This type of audit serves three purposes: 1) to assess the level of case ascertainment for all reportable tumors; 2) to provide feedback and training for improving case-finding processes; and 3) to aid in assessing the completeness of OCCR data.

The Re-abstraction audit will be performed to assess accuracy and data quality of randomly selected cancer cases diagnosed and/or treated at the facility. The auditor will re-abstract cases utilizing patient medical records provided by the facility, tracking any discrepancies between the facility submitted case and the auditor re-abstracted case.

Text to Code audits will be performed for accuracy and completeness of text documentation. The auditor will re-abstract randomly selected cases based solely on the text documentation recorded in the facility submitted case, tracking any discrepancies. Cases that cannot be completely abstracted with text-only documentation will be reviewed with the facility abstractor providing feedback for improving text documentation and accuracy of quality data.

Inside this issue:

THE OCCR DATA MANAGER

By Julie Mahen, RHIT

There is no doubt at some time or another you have made contact with our Data Manager, Christy Dabbs. Christy plays a very important role at OCCR and she makes our jobs run smoothly with everything she does behind the scenes. Not only does she have knowledge with the workings of the computer programs, operations and software; she is also an active CTR abstracting cases on a weekly basis and has a wealth of information.

Christy is responsible for the overall management of the OCCR cancer database. When there is a problem, issue, update, or anything related to the programs, Christy is the go-to for problem solving.

Whether the facility uses Rocky Mountain Cancer Data Systems (RMCDS) or Web Plus; Christy sets up the user accounts, initial installation, software updates, annual conversions, together with troubleshooting. Christy acts as a representative or liaison to these data providers and software vendors.

As cases are being submitted to OCCR by the reporting facilities, Christy monitors these files as they come into the database. She ensures that the reported cases are being processed into RMCDS and consolidated in the main database in an efficient and organized manner.

Christy has been working diligently with our Education and Compliance Specialist, Barbara Murray, getting the OCCR reporting manual updated for reporters to have a reference for abstracting cases and requirements for reporting to the state. (https://oklahoma.gov/health/chronic-disease-prevention/oklahoma-central-cancer-registry-occr/occr-manuals-and-forms.html)

Christy also assists our Quality Assurance and Operations Specialist, Paula Marshall, with the annual death clearance process and specifically obtains the death file from Vital Statistics and runs the death certificate program in RMCDS.

Mrs. Dabbs facilitates the inter-state data exchange and the data use agreements for that process. This is the means of exchanging data with surrounding states to obtain information on Oklahoma patients that have been diagnosed or treated for cancer outside of Oklahoma so we can submit an accurate account of that patient to the Center for Disease Control and Prevention (CDC), National Program for Cancer Registries (NPCR) and the North American Association of Central Cancer Registries (NAACCR).

As the year winds down, things ramp up more for Christy. She is responsible for the annual call for data to the CDC and NAACCR. She ensures the data OCCR submits is error free, accurate, and submitted by the deadlines imposed by these organizations. The OCCR staff all work together tirelessly to make sure data submitted is worthwhile in the fight against cancer.

As you can see, Christy Dabbs stays extremely busy and is such a valuable member of our team.

Thank you for all you do, Christy.

BREAKING IT DOWN

Is your facility adhering to the compliance schedule for the submission of cancer cases?

2021 cases for January—June 2021 are PAST DUE.

Submit these cases immediately.

2021 cases for July 2021—August 2021 are due NOW.

ROCKY MOUNTAIN CANCER DATA SYSTEM (RMCDS) CORNER

Christy Dabbs, AA, CTR

RMCDS Version 22

The next version of RMCDS will coming in the next few weeks. This version will be compatible with NAACCR v22 record layout. With this update will come a few updates and a two new data items. Tobacco Use Smoking Status will be required when available in the medical record. The other data item is p16 status for Cervix Uteri cases and will be found in the Site Specific Data Items (SSDI) button. Other major updates are an updated histology list for ICD-O-3. You can see the full list of updates and changes for 2022 elsewhere in this newsletter.

If you have not yet run the conversion to convert to NAACCR v21 you need to do so as soon as possible. You will not be able to update to NAACCR version 22 unless you are already converted to v21. The OCCR is not yet accepting NAACCR v22 XML files. If RMCDS notifies you that their NAACCR v22 software upgrade is available, please **DO NOT** upgrade your software or you will not be able to submit cases to the central registry. We currently accept NAACCR v18 and NAACCR v21 XML files. The OCCR will notify you when we are ready to accept v22 XML files.

As always please update RMCDS monthly to stay current with minor bug fixes throughout each month. Keep an eye on the version date and confirm that it advances forward when an update is complete.

SUBMISSION SCHEDULE, CONTACT YEAR 2022

It is March 2022 and compliant reporting facilities have submitted 50% or more of their 2021 cancer cases. Please follow the contact year 2022 submission schedule for compliance.

Date of First Contact:	Required to be Reported to OCCR in:
January 2022	July 2022
February 2022	August 2022
March 2022	September 2022
April 2022	October 2022
May 2022	November 2022
June 2022	December 2022
July 2022	January 2023
August 2022	February 2023
September 2022	March 2023
October 2022	April 2023
November 2022	May 2023
December 2022	June 2023

WEB PLUS UPDATE

Christy Dabbs, AA, CTR

WEB PLUS ABSTRACTORS

The next version of Web Plus is on the horizon. Within the next few weeks Web Plus will be updated to be compatible with version 22 of the NAACCR record layout. With the update, the Tobacco Use Smoking Status data item will be added, which is now required when available within the medical record.

Another upcoming change will be the abstract displays. Currently there is one display for Web Plus abstractors. The data requirement needs have outgrown this and the OCCR will need to expand to a few specific displays. The look and function of Web Plus will remain the same. After the upgrade and Web Plus is ready for use, you will be notified if your display has changed and be given specific instructions.

Recently, the OCCR has implemented a new process for abstract review at the central registry. When you release cases, they will now be reviewed for accuracy and completeness. We are using this as a continual and concurrent educational opportunity for Web Plus abstractors. Cases will be sent back for correction if there are errors. Each case includes a detailed list of errors, the reason not correct and the correct answer. The email sent to you will provide instructions on how to access the cases for correction. We have already had positive feedback from our reporters about this new process and we hope everyone sees this process as a positive experience.

WEB PLUS UPLOADERS

The OCCR is not yet accepting NAACCR v22 XML files. If your software vendor has their NAACCR v22 software upgrade ready, please **DO NOT** upgrade your software or you will not be able to submit cases to the central registry. We currently accept NAACCR v18 and NAACCR v21 XML files. The OCCR will notify you when we are ready to accept v22 XML files.

As a reminder each Web Plus user should have their own account. If you need a Web Plus account or if someone with a Web Plus account is no longer at your facility, please contact me at christyd@health.ok.gov.

IS YOUR TEXT TELLING THE STORY?

Lisa Fulkerson, RMA

Text information is a vital part of abstracting. A reporter's text helps to tell the story, it reinforces the abstract, and reduces follow up from the OCCR saving time. It is truly invaluable when we are consolidating cases from multiple facilities, and find discrepancies.

One should be able to abstract any case by the text that is provided. Information provided should be concise, complete, and not repetitive throughout the abstract; this will reduce the OCCR time spent on record consolidation. It should be provided in the appropriate box, for example, the Physical Exam (PE) text box

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IS YOUR TEXT TELLING THE STORY, CONTINUED

should not contain path, x-ray, etc. They have their own respective text boxes within the abstract. Text reinforces your abstract by supporting questionable data entered. Below is a fictional example of a prostate patient:

PE Text

PE-TEXT: 08/07/2020 JOE DOE, M.D., UROLOGIC ASSOCIATES
68 YO BM, NON-HISPANIC PRESENTS FOR PROSTATE BIOPSY FOR RECENT ELEVATED
PSA (7/01/20); DRE- NODULE APPRECIATED; MARRIED, RETIRED SCHOOL TEACHER, POB: KS

Data Items Supported by PE Text:

TYPE OF REPORTING SOURCE: 4- PHYSICIAN'S OFFICE/PRIVATE MEDICAL PRACTITIONER
DATE 1ST CONTACT: 08/07/2020
SEX: 1-MALE
AGE AT DIAGNOSIS: 068
RACE: 01 =-02 BLACK
SPANISH/HISPANIC ORIGIN =0-NOT HISPANIC
BIRTHPLACE-STATE/COUNTRY: KANSAS; USA
TEXT-DX PROC-LAB TEST: PSA 27.9, ELEVATED PE
TEXT-DX PROC SCOPES: 08/07/20 DR. JOE DOE'S OFFICE, TRANSRECTAL US PROSTATE BX
MANAGING PHYSICIAN: JOE DOE, M.D

Path Text:

DX PROC-PATH: 08/07/20 DR. JOE DOE, TURP
PROSTATE BX: 7/12 CORE (+) ADENOCARCINOMA; BOTH R AND L LOBES INVOLVED;
GLEASON 3+4/7; GRADE GROUP 2
09/11/20 ANY MEDICAL CTR: PROSTATECTOMY-ADENOCARCINOMA; GLEASON 3+4=7; GRADE GROUP 2
LYMPHOVASCULAR INVASION (-); ADENOCARCINOMA IS CONFINED TO THE PROSTATE;
NO TERTIARY PATTERN

Data Items Supported by Path Text:

PRIMARY SITE: C619
TEXT-PRIMARY SITE TITLE: PROSTATE
LATERALITY: 0- NOT PAIRED
DIAGNOSTIC CONFIRMATION: 1- POS HIST
HISTOLOGY+BEHAVIOR: 8140/3 ADENOCARCINOMA
TEXT-HISTOLOGY TITLE: INVASIVE ADENOCARCINOMA
LYMPHOVASCULAR INVASION: (-)

STAGE OF DISEASE AT DX:
SUMMARY STAGE 2018:-1
TEXT-STAGING: STAGE IIIA SS2018 LOCALIZED ONLY

FIRST COURSE TX:
RX TEXT-SURGERY: 09/11/20 ANY MEDICAL CENTER JOE DOE, M.D.; RADICAL PROSTATECTOMY, NOS

SSDI'S:
DX/STAGE PROC: 02 DATE 08/07/2020
SURG PRIM SITE: 50 DATE 09/11/20
GRADE CLINICAL: 2
GRADE PATH: 2
GLEASON SCORE CLINICAL: 07
GLEASON PATTERNS CLINICAL: 34
GLEASON SCORE PATHOLOGICAL: 07
GLEASON PATTERN PATHOLOGICAL: 34
GLEASON TERTARY PATTERN: X9

If a service is not provided or required, an unknown or n/a value should be entered. No text box should be empty. If it is not documented in the text, it did not happen.

Cancer registry data is used to define and monitor cancer incidence at the local, state, and national levels, investigate patterns of cancer treatment, and evaluate the effectiveness of public health efforts to prevent cancer cases and improve cancer survival. It is imperative that we provide the whole story. In life, you would not consider an incomplete story a good read, nor helpful, the same goes for abstracting. The best story is one that is told with text so that you follow and report the entire story.

CODING SOCIAL SECURITY NUMBER

Paula Marshall, BBA, CTR

Social Security Number (SSN) is a key factor when the OCCR performs linkages for different processes throughout the year, i.e., death clearance, Social Security Death Index, and National Death Index (NDI). Some of these linkages augment data within the surveillance system with either additional cases or information to provide a complete tumor record. When this field is missing or incorrect, it becomes more difficult to find and link an individual to their cancer or death records from other databases. Complete death follow-up information for cancer cases within OCCR Registry received from the NDI link, provides an accurate picture of Oklahoma cancer survival and assists cancer prevention programs target their initiatives.

Data quality review for partial or unknown social security number are performed on a weekly basis and reveals various and different SSN coding methods such as 11111XXXX, 77777XXXX, where "X" represents the last 4 known digits. Some facilities are designated as CoC accredited facilities while other facilities are state report only, whereas SSN coding guidelines are somewhat different. Follow these guidelines for coding SSN:

CoC accredited facilities:

- Record the social security if known, double check for accuracy
- If the social security is unknown, record all 9's –999999999
- If only the last four digits are known, use all 9's and document the last 4 digits in Text-Remarks or Notes section

State report only facilities:

- Record the social security if known, double check for accuracy
- If the social security is unknown, record all 9's –999999999
- If only the last four digits are known, record the first five digits as 8's*– 888881234

Unfortunately, the verification process is a manual process where SSN are verified one at a time. The importance of following coding guidelines and checking SSN entries before they are submitted to the central registry cannot be overstated. When accurate SSN entries are received, all downstream processes can be performed smoother and quicker, from record consolidation to national database linkages.

CONCURRENT ABSTRACTING AND SUBMITTING TO THE STATE

Christy Dabbs, AA, CTR

The Georgia Tumor Registrar's Association defines concurrent abstracting as "The process of completing the cancer registry abstract in stages after each treatment occurs, rather than all at one time, four to six months after diagnosis."[1] If your facility is concurrently abstracting cancer cases, please do not report the cases to OCCR until all planned first course treatment at your facility has been entered into the abstract. Keep these cases as status *incomplete* until the treatment has been entered into the abstract, at which time you may report the case to the central registry.

The treatment does not necessarily need to be completed but, at least started so that you are able to enter start dates, drug names, phase 1 radiation treatment modality and/or surgery date and procedure name. We do not want you holding cases until treatment is complete which could make the case delinquent in reporting to the state. On the other hand, we do not want cases reported too early and are missing planned first course treatment.

[1] Ellenberg. (2019, November 5). *Concurrent Abstracting*. Georgia Tumor Registrars Association. Retrieved March 1, 2022, from http://www.gatraweb.org/Presentations_2019/Concurrent%20Abstracting%20Presentation.pdf

GREETINGS AND HAPPY NEW YEAR!

Kerri Torgler, RHIA

The reference year of data submission for OCCR is diagnosis year 1997. In celebration of this 25th anniversary milestone, we want to say thank you! We appreciate your hard work in cancer reporting. As a result of your dedication, there is a plethora of cancer data for Oklahoma available at OK2SHARE https://www.health.state.ok.us/.

The purpose of the interactive Oklahoma State Department of Health (OSDH) OK2SHARE service databases is to support the information needs of the OSDH and other users such as health officials, educators, and students in improving service delivery, evaluating health care systems, and monitoring the health of the people of Oklahoma. These databases may be used only for the purpose for which they are provided and may not be used in any way that would violate the HIPAA Privacy Rule . We hope you and your facility find this information helpful and easy to access. We welcome your feedback at Center@health.ok.gov. If you have any questions about OK2SHARE and accessing the cancer data, please email ok2share@health.ok.gov

Again, thanks for all you do and we look forward to the next 25 years!

OCCR ANNUAL TRAINING JUNE 2022

Barbara Murray, CTR

We are excited to announce that the 2022 OCCR Annual Education Training has been scheduled in Oklahoma City (OKC) and Tulsa. While attendance is not required, we encourage all cancer reporters to attend this event. We plan to have guest speaker Denise Harrison, CTR, provide training in OKC on June 8th and in Tulsa on June 9th. Please mark your calendars. More details will be coming soon!

OKC	TULSA
June 8, 2022	June 9, 2022
Oklahoma State University-OKC	Hillcrest Medical Center

THE BUZZ AMONG RESEARCHERS

Article submitted by Judy Hanna, HT (ASCP), CTR

Registrars are often expected to provide a high level of accuracy and completeness with limited time and staffing. Often this expectation leaves little time for educational opportunities. To help with this, the OCCR provides a quarterly sampling of the most current published research articles that we feel may be of interest to community registrars.

'Drug factory' implants eliminate ovarian, colorectal cancer in mice Immunotherapy treatment could begin human trials this year

Date: March 2, 2022
Source: Rice University

Summary: Bioengineers have shown they can eradicate advanced-stage ovarian and colorectal cancer in mice in as little as six days with a treatment that could be ready for human clinical trials later this year.

Rice University bioengineers have shown they can eradicate advanced-stage ovarian and colorectal cancer in mice in as little as six days with a treatment that could be ready for human clinical trials later this year.
The researchers used implantable "drug factories" the size of a pinhead to deliver continuous, high doses of interleukin-2, a natural compound that activates white blood cells to fight cancer. The drug-producing beads can be implanted with minimally invasive surgery. Each contains cells engineered to produce interleukin-2 that are encased in a protective shell.

The treatment and animal test results are described online today in a *Science Advances* study co-authored by Omid Veiseh, Amanda Nash and colleagues from Rice, the University of Texas MD Anderson Cancer Center, the University of Virginia and others.

Veiseh, an assistant professor of bioengineering whose lab produced the treatment, said human clinical trials could begin as soon as this fall because one of his team's key design criteria was helping cancer patients as quickly as possible. The team chose only components that had previously proven safe for use in humans, and it has demonstrated the safety of the new treatment in multiple tests.

"We just administer once, but the drug factories keep making the dose every day, where it's needed until the cancer is eliminated," Veiseh said. "Once we determined the correct dose -- how many factories we needed -- we were able to eradicate tumors in 100% of animals with ovarian cancer and in seven of eight animals with colorectal cancer."

In the newly published study, researchers placed drug-producing beads beside tumors and within the peritoneum, a sac-like lining that supports intestines, ovaries and other abdominal organs. Placement within this cavity concentrated interleukin-2 within tumors and limited exposure elsewhere.

"A major challenge in the field of immunotherapy is to increase tumor inflammation and anti-tumor immunity while avoiding systemic side effects of cytokines and other pro-inflammatory drugs," said study co-author Dr. Amir Jazaeri, professor of gynecologic oncology and reproductive medicine at MD Anderson. "In this study, we demonstrated that the 'drug factories' allow regulatable local administration of interleukin-2 and eradication of tumor in several mouse models, which is very exciting. This provides a strong rationale for clinical testing."

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THE BUZZ AMONG RESEARCHERS , CONTINUED

Interleukin-2 is a cytokine, a protein the immune system uses to recognize and fight disease. It is an FDA-approved cancer treatment, but Nash, a graduate student in Veiseh's group and the study's lead author, said the drug factories provoke a stronger immune response than existing interleukin-2 treatment regimens because the beads deliver higher concentrations of the protein directly to tumors.

"If you gave the same concentration of the protein through an IV pump, it would be extremely toxic," Nash said. "With the drug factories, the concentration we see elsewhere in the body, away from the tumor site, is actually lower than what patients have to tolerate with IV treatments. The high concentration is only at the tumor site."

Nash said the same general approach used in the study could be applied to treat cancers of the pancreas, liver, lungs and other organs. The drug factories could be placed next to tumors and within the linings that surround those organs and most others, she said. And if a different cytokine is needed to target a specific form of cancer, the beads can be loaded with engineered cells that make that immunotherapeutic compound.

The bead's outer shell shields its cytokine-producing cells from immune attacks. The shells are made of materials the immune system recognizes as foreign objects but not as immediate threats, and Veiseh's lab leveraged that in its design.

"We found foreign body reactions safely and robustly turned off the flow of cytokine from the capsules within 30 days," he said. "We also showed we could safely administer a second course of treatment should it become necessary in the clinic."

Avenge Bio, a Massachusetts-based startup co-founded by Veiseh, has licensed the cytokine-factory technology from Rice.

Additional co-authors include Maria Jarvis, Samira Aghlara-Fotovat, Sudip Mukherjee, Andrea Hernandez, Andrew Hecht, Yufei Cui, Shirin Nouraein, Jared Lee, David Zhang and Oleg Igoshin of Rice; Peter Rios, Sofia Ghani, Ira Joshi and Douglas Isa of CellTrans Inc.; Chunyu Xu and Weiyi Peng of the University of Houston; Rahul Sheth of MD Anderson; and José Oberholzer of both CellTrans Inc. and the University of Virginia.

The research was funded by the Cancer Prevention Research Institute of Texas (RR160047), Avenge Bio, the Emerson Collective, the Welch Foundation, the Rice University Academy of Fellows, the National Science Foundation (1842494) and the National Institutes of Health (R01DK120459).

Journal Reference:

Amanda M. Nash, Maria I. Jarvis, Samira Aghlara-Fotovat, Sudip Mukherjee, Andrea Hernandez, Andrew D. Hecht, Peter D. Rios, Sofia Ghani, Ira Joshi, Douglas Isa, Yufei Cui, Shirin Nouraein, Jared Z. Lee, Chunyu Xu, David Y. Zhang, Rahul A. Sheth, Weiyi Peng, Jose Oberholzer, Oleg A. Igoshin, Amir A. Jazaeri, Omid Veiseh. **Clinically translatable cytokine delivery platform for eradication of intraperitoneal tumors**. *Science Advances*, 2022; 8 (9) DOI: 10.1126/sciadv.abm1032

Rice University. "'Drug factory' implants eliminate ovarian, colorectal cancer in mice: Immunotherapy treatment could begin human clinical trials this year." ScienceDaily. ScienceDaily, 2 March 2022. <www.sciencedaily.com/releases/2022/03/220302150351.htm>.

2022 NEW DATA ITEMS AND CHANGES

Applicable for cases diagnosed January 1, 2022 and forward, NAACCR version 22

NEW DATA ITEMS

Site Specific Data Items

NAACCRItem #	SSDI Name	Schema
3956	**p16**	**Cervix V9**
This SSDI is new beginning 01/01/2022 but effective for diagnosis years 2021+. For cases diagnosed 2018-2020, leave this SSDI blank Beginning 01/01/2022 newly abstracted cervix cases with diagnosis year 2021 will require p16 SSDI.		

NPCR Data Items

NAACCRItem #	Item Name
344	**Tobacco Use Smoking Status ***
This data item is applicable to cases diagnosed January 1, 2022 and forward only. *Required, when available	

CHANGED DATA ITEMS

Race 1-5
In the Race 1 through 5 [160, 161, 162, 163 and 164] data items, code 03 was modified to replace the terms "Aleutian, or Eskimo" with "Alaska Native".
Site Specific Data Items
PSA Lab Value
Codes XXXX.2 and XXXX.3 were added for Lab Value not available, but physician stated negative or positive
In addition to these changes, some code descriptions were modified to improve clarity. There have also been revisions to notes and additional notes for many SSDIs; due to the addition of new notes such that many of the note numbers have changed. See the SSDI Manual, Version 2.1 (https://apps.naaccr.org/ssdi/list/) for changes to existing codes and code descriptions.
ICD-O-3.2
Beginning with cases diagnosed January 1, 2021, ICD-O-3.2 is the preferred morphology coding reference manual. This manual should be used jointly with the 2022 ICD-O Histology and Behavior Code Update tables, Hematopoietic and Lymphoid Neoplasm Database, and Solid Tumor rules. Edits will enforce the new codes/behaviors See the 2022 NAACCR Implementation Guidelines Appendix C for a full list of updates and changes. **There has been no new ICD-O-3 manual published to date. Please use the coding table below** https://www.naaccr.org/wp-content/uploads/2020/10/Copy-of-ICD-O-3.2_MFin_17042019_web.xls **Coding Guidelines, tables 1-2 and the annotated list are located here** https://www.naaccr.org/icdo3/ ***Note: Use of these guidelines is required for determining reportability and accurate coding.*** **WEBINAR:** The NAACCR December 13, 2021 webinar "2022 Updates: ICD O, Solid Tumor Rules, SSDIs" can be viewed here https://education.naaccr.org/updates-implementation

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2022 NEW DATA ITEMS AND CHANGES, CONTINUED

Site/Histology Validation List
The SEER Site/Histology Validation List has been updated to include the new ICD-O-3.2 histology codes and behaviors identified in the 2022 ICD-O-3 Update guidelines and posted on the SEER website https://seer.cancer.gov/icd-o-3/

Solid Tumor Rules

Head and Neck p16

Beginning with cases diagnosed January 1, 2022 forward, p16 test results can be used to code squamous cell carcinoma, HPV positive (8085), and squamous cell carcinoma, HPV negative (8086).

The 2018 Solid Tumor Head and Neck Rules, Table 5, instruct squamous cell carcinoma, HPV positive (8085) and squamous cell carcinoma, HPV negative (8086) are coded only when HPV status is determined by tests based on ISH, PCR, RT-PCR technologies to detect the viral DNA or RNA. p16 was not a valid test to assign these codes prior to 2022.

Non-keratinizing squamous cell carcinoma, HPV positive

Beginning January 1, 2022, non-keratinizing squamous cell carcinoma, HPV positive is coded 8085 for sites listed in Table 5 ***only***. For a diagnosis of non-keratinizing squamous cell carcinoma, NOS is coded 8072.

Keratinizing squamous cell carcinoma, HPV negative

Beginning January 1, 2022, keratinizing squamous cell carcinoma, HPV negative is coded 8086 for sites listed in Table 5 ***only***. A diagnosis of keratinizing squamous cell carcinoma, NOS is coded 8071.

Minor Updates

Eight sites groups, excluding non-malignant CNS, were updated for 2022 and include the following minor updates*:
New histologies, codes, and terms from ICD-O-3.2 and the 2022 ICD-O Updated added to tables

- Updated Equal/Equivalent terms
- Updated Terms that are Not Equivalent or Equal
- Clarified instructions for coding p16 results for Head & Neck primaries
- Timing requirements for Colon Rules M7 and M8 have been revised
- A new section, “Changes from 2018 Solid Tumor Rules”, has been added to the Colon and Head & Neck site modules

*Updates will not require review of previously abstracted cases

2007 Multiple Primary and Histology Rules (MP/H): Other Sites

The Other sites rules have been formatted to match the Solid Tumor Rules and will be valid for cases diagnosed January 1, 2022. The Other sites module has undergone minimal revisions for 2022 and comprehensive revisions will continue to be developed for implementation at a later date. While revisions for 2022 are minimal, the 2007 MP/H Other Sites Rules will continue to be valid for cases diagnosed prior to 2022. Also, beginning January 1, 2022, the Solid Tumor General Instructions apply to all sites.

Reportability

Reportability for cases diagnosed in 2022 is based on the ICD-O Third Edition, Second Revision Morphology (ICD-O-3.2) plus the ICD-O-3.2 updates posted on the NAACCR website.
The 2022 ICD-O update tables have columns for each standard setter (SEER, NPCR, CoC, and Canada) to indicate reportability for each of the new codes, terms, etc.

Clear Cell Papillary Renal Cell Carcinoma 8323/3 is Reportable

The 2016 WHO Classification of Tumors of the Urinary System and Male Genital Organs, 4th Edition, has reclassified this histology as a /1 because it is low nuclear grade and is now thought to be a neoplasia. This change has not yet been implemented and it remains reportable.

Low-grade appendiceal mucinous neoplasm (LAMN)

LAMN now has a behavior of /2 and /3 making it reportable. LAMNs are slow-growing neoplasms that have the potential for peritoneal spread and can result in patient death. LAMNs demonstrate an interesting biology in that they do not have hematogenous dissemination risk, but risk for appendiceal perforation, which can result in peritoneal dissemination, repeated recurrences after surgery and even death.

- 8480/2 Low-grade appendiceal mucinous neoplasm
- 8480/2 High-grade appendiceal mucinous neoplasm
- 8480/3 Appendiceal mucinous neoplasm with extra-appendiceal spread

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2022 NEW DATA ITEMS AND CHANGES, CONTINUED

Not Reportable

- High grade dysplasia of the colon is not reportable even though it has been designated in situ (/2) in the latest WHO classification.
- There are two new histology codes for HPV-related adenocarcinoma in situ of the cervix. These are not reportable.
  8483/2 Adenocarcinoma in situ, HPV-associated (C530-C531, C538-C539)
  8484/2 Adenocarcinoma in situ, HPV-independent, NOS (C530-C531, C538-C539)

Surgery Codes

The following surgery codes from Site Specific Surgery Codes for Colon, Rectosigmoid, Anus, and Rectum have been removed as obsolete treatment for these primary sites:

- 11 and 21 Photodynamic Therapy (PDT);
- 13 and 23 Cryosurgery;
- 14 and 24 Laser Ablation;
- 25 Laser Excision.

The word Wedge was removed from Rectum and Rectosigmoid Surgical code 30.
The Miles Procedure was removed from Rectum Surgical code 50 and Anus Surgical code 60.
The phrase Total mesorectal excision (TME) was removed from Rectum Surgical code 30.
All changes effective with cases diagnosed January 1, 2022 and forward.

Histology Exclusion List

The "Histology Exclusion List" refers to the list of histologies included with each set of surgery codes in the STORE and SEER Program Coding and Staging Manual (SPCSM). The Histology Exclusion List is consistent between the STORE and SPCSM for years 2003-2020. SEER updated the Histology Exclusion List in the SPCSM 2021, but CoC did not. SEER and CoC have agreed that the Histology Exclusion List included in SPCSM 2021 should be used. Beginning with STORE 2022 and SPCSM 2022, the Histology Exclusion List has been removed from the surgery codes.

Summary Stage 2018

OCCR continues to require directly assigned Summary Stage 2018 for cases diagnosed on or after January 1, 2018.
https://seer.cancer.gov/tools/ssm/
Older cases still require Summary Stage 1977, Summary Stage 2000 or CS Derived Summary Stage 2000 depending on the diagnosis year.

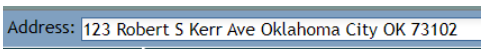
v22 Edits

Beginning with the change to XML file format in 2021, software vendors no longer create the Central: Vs21 State Example - Incoming Abstracts edit set for states without any state specific edits. The OCCR has created this edit set for v22 and has made it available to software vendors. When you receive your software upgrade to v22 it should include the Oklahoma required edits.

Searching for County at Diagnosis

By Leslie Dill

Recently, OCCR has seen a lot of errors in coding ***County at Diagnosis*****.** Assuming the address is accurate, there is no reason for this code to be incorrect. Save a shortcut on your desktop to https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx. Enter the address at diagnosis and the search result will provide not only the county name, but the county code as well.

Search: 

Result:

Matched Address	
Address	123 ROBERT S KERR AVE, OKLAHOMA CITY, OK, 73102
MSA/MD Code	36420
State Code	40
County Code	109
Tract Code	1099.00
MSA/MD Name	OKLAHOMA CITY, OK
State Name	OKLAHOMA
County Name	OKLAHOMA COUNTY

Other websites might provide a quicker lookup experience but are not as accurate, especially when searching a city with multiple zip codes.

Center for Health Statistics
Oklahoma Central Cancer Registry
Oklahoma State Department of Health
123 Robert S Kerr Ave, Ste 1702
Oklahoma City, OK 73102

Phone: (405) 426-8030
Fax: (405) 900-7604

https://oklahoma.gov/health/chronic-disease-prevention/oklahoma-central-cancer-registry-occr.html

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