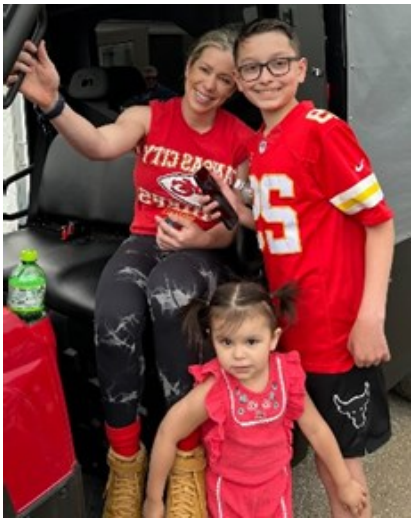
OCCR QUARTERLY

Oklahoma Central Cancer Registry **Summer 2024**

OKLAHOMA STATE DEPARTMENT OF HEALTH

NEW OCCR CANCER REGISTRY CONSULTANTS

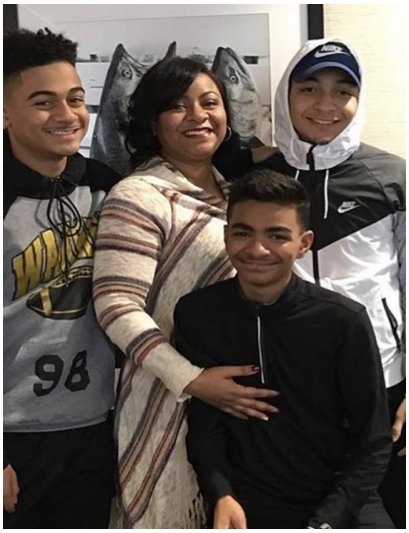
Meet Megan (Meg) Ryan



My name is Megan Ryan and I live in Kansas City, KS. I'm a new Cancer Registry Consultant at the Oklahoma State Department of Health. My background originally started as a Rad Tech, however when I was about to start clinicals, the program lost its accreditation, and I was left in the dark. After feeling defeated, I decided to work as a Unit Secretary in a variety of health care settings in different modalities. I worked in a large cancer center at a local hospital and was approached by a nurse who told me I would be great as a Cancer Registrar. Not knowing a thing about the field, I decided to research it and made the decision to go for it. I attended an online AHIMA program in 2018 and worked as a Cancer Registrar in training for 2 years at St. Luke's Hospital system in Kansas City. I've enjoyed the journey and am excited to learn the state registry side.

I am a single mom with 3 kids. I enjoy spending time with them and traveling to different National Parks. I have a background in competing in the NPC as a fitness competitor and work in the community promoting healthy lifestyles and run my own meal prep business from home.

Meet TaMarah Summers



My name is TaMarah Summers and I am one of the new Cancer Registrar Consultants to join the team. I currently live in Columbus, OH and recently graduated from the University of Cincinnati's Health Information Management - Cancer Registry program. My desire is to help people and provide accurate information. My number one priority is to compile a comprehensive and complete story for cancer patients. My background includes working for skilled nursing facilities as a business office manager and a health insurance liaison for people transitioning from hospitals to long term care facilities.

I am a wife and mother to three children of my own and three bonus children as well as a new grandbaby that arrived 8 weeks ago. My eldest two sons proudly serve in the United States Navy and my youngest will finish college in the fall. I also hold the title of fur momma to the sweetest and most stubborn French bulldog that you have ever met. I am so excited and blessed to be part of this amazing team and I look forward to working with all of you.

Inside This Issue

OKLAHOMA State Department of Health

Oklahoma Central Cancer Registry Staff Directory

Meagan Carter, OCCR Program Manager, (405) 426-8742, Meagan.Carter@health.ok.gov

Christy Dabbs, Data Manager, (405) 426-8012, ChristyD@health.ok.gov

Judy Hanna, Pathology Laboratory Specialist, (405) 426-8013, JudyH@health.ok.gov

Sandie James Steen, Education & Training Specialist, (405) 426-8964, Sandra.Steen@health.ok.gov

Leslie Dill, Facility Consultant-Small Volume Hospitals, (405) 426-8017, LeslieD@health.ok.gov

Lisa Fulkerson, Facility Consultant-High Volume Hospitals (405) 426-8015, LisaF@health.ok.gov

Meg Ryan, Facility Consultant-Treatment Centers, (405) 426-8169, Megan.Ryan@health.ok.gov

TaMarah Summers, Facility Consultant-ASCs and Dermatology, (405) 426-8174, TaMarah.Summers@health.ok.gov

This publication is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a cooperative agreement totaling $750,000. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

This publication was issued by the Oklahoma State Department of Health (OSDH), an equal opportunity employer and provider. A digital file has been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries in compliance with section 3-114 of Title 65 of the Oklahoma Statutes and is available for download at www.documents.ok.gov, Issued June 2024

OCCR Receives Awards for Data

In the last month, the Oklahoma Central Cancer Registry (OCCR) has been awarded with two pieces of incredible news.

Firstly, the North American Association of Central Cancer Registries (NAACCR) awarded OCCR with Gold Certification for outstanding data quality and completeness with the December 2023 data submission. In order to achieve Gold Certification, central registries must meet strict standards including at least 95% completeness of case ascertainment, less than 3% of cases from death certificates only, less than 2-3% on completeness of demographic information, and pass 100% on edits.

Last week, the Centers for Disease Control and Prevention's National Program of Cancer Registries (CDC NPCR) named the Oklahoma Central Cancer Registry as a Registry of Distinction. This is the highest recognition level for 2023 submission and was bestowed on the 43 central registries that met the CDC NPCR National Data Completeness and Quality Standards. By meeting these standards, Oklahoma's cancer data will be included in this year's U.S. Cancer Statistics national data sets.

Thank you to all our reporters and Oklahoma facilities for helping us achieve these honors by submitting timely, complete, and high quality data to the central registry.

Meagan Carter, MS

Monthly Trainings

OCCR began offering short monthly trainings in the fall of 2023, with the hope of providing education opportunities for those reporters who typically do not have enough time in their schedule for a full hour of training.

As we move into our second year of OCCR trainings, classes will be 30 minutes long. Despite the short time span, CE credits will be offered. These classes are a great place to ask questions and receive updates from the central registry and national standard setters.

The OCCR will provide more information on days and times in the coming weeks, via email from Sandra.Steen@health.ok.gov.

Upcoming topics are 2024 Surgical Code Updates, Occult Primaries of Head and Neck, Pancreas and Lung.

Web Plus

Web Plus Abstractors

The OCCR is now accepting diagnosis year 2024 cases. All Web Plus displays have been updated and are compliant with reporting changes for 2024. If you began abstracting 2024 cases prior to 06/07/2024, those cases are incomplete. You will need to go to Find/Open abstracts on the blue bar and search by status *incomplete* to find them. Open each case, review for accuracy then click save to run the v24 edits.

Data Item Changes for v24

NAACCR Item# 3964: SSDI Brain Primary Tumor Location is added for 2024. Web Plus will automatically provide the appropriate SSDIs for your case after you enter the diagnosis date, primary site code, histology code, behavior code and click Save. You will then find the SSDI section expanded to show the SSDIs. If you have completed the steps above and the SSDI category has not expanded then your primary site and histology does not require any SSDIs. A list of the OCCR required SSDIs by site is provided in our Web Plus User Manual and Cancer Data Reporting Manual on the OCCR website.

Primary site surgery codes have been updated for five primary sites: **Lung (C34), Pancreas (C25), Thyroid (C73), Colon (C18), and Breast (C50)**

Web Plus Uploaders

The OCCR is now accepting NAACCR v24 XML file uploads. If you have upgraded your software to NAACCR v24, when you upload a file the NAACCR v24A edits will automatically run on each case in the file.

If you have not yet upgraded to NAACCR v24, the OCCR continues to accept NAACCR v23 XML files. Edits will not automatically run on the file. The data manager is notified when each file is uploaded and will manually run the NAACCR v23B edits on the file. If there are errors in the file, the uploader will be contacted by email. If there are no errors, no email will be sent. When edits have been run on the file, the results and report will be available for viewing in Web Plus. The data manager will run manual edits daily Monday-Friday. The OCCR is no longer accepting NAACCR v22 XML files as of 06/07/2024.

Web Plus Accounts

As a reminder each Web Plus user should have their own account. If your email address changes, please contact me with the new address. 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 or your facility consultant.

Christy Dabbs, AA, ODS-C

It's the Little Things

Text is so important to abstracting a case and how the central registry can perform our duties. When cases are uploaded to the OCCR by multiple facilities, the state team consolidates those numerous cases down into a singular case with the most accurate information to be sent to national entities. The information provided by reporters in an abstract is vital to what OCCR does because it tells the story of the patient. Text should include the who, what, when and where to provide support for what is coded. Text should be error-free, and abbreviations should be understandable by all. The information provided in the text should support what is coded and should include the SSDI information. For example, when working on a prostate case, most of the coded information comes from the pathology report and should be reported appropriately with text.

Lately, the OCCR has received a large number of typos and run on sentences with excessive, unnecessary information in text fields which may be related to copying and pasting into the fields. Typing concise pertinent information is best. If text is copied, it is important to pay attention to where the cursor is located when pasting. This is why it is so important to take a quick, second review to make sure all text is correct.

It is also important that abbreviations used are from the approved list. Abbreviations and/or acronyms should also make sense in the context of the abstract. For example, "BM" could mean bowel movement or bone marrow; the context of the abstract would tell us which is being referred to. If you are unsure of what abbreviations are approved or need a refresher, you can find them in the v.24 NAACCR Data Dictionary. By using the approved list, everyone will be on the same page and able to understand what is being conveyed.

These may seem like small things, but small things add up quickly and we want to make sure that the information provided is the most accurate information available. You can find more coding tips in the OCCR Manuals & Forms (oklahoma.gov). Appendix G Texting Table starts on page 190.

Lisa Fulkerson, RMA

Ready to Accept NAACCR v24 XML files and Cases Diagnosed in 2024

The OCCR has successfully upgraded our software. We can now accept NAACCR v24 file uploads and Web Plus abstracts diagnosed in 2024. The OCCR continues to accept NAACCR v23 XML file uploads. Facilities that upload submission files to Web Plus are encouraged to upgrade their cancer registry software as soon as possible. This will allow the facility to abstract cases diagnosed in 2024 and run the most up to date edit metafile on your abstracts.

An issue was recently identified with the NAACCR v24A edit metafile. The edit that checks for the required SSDI Microsatellite Instability, *Edit Tag N2990 Microsatellite Instability (MSI), Schema ID, Required (NAACCR)*, was removed by NAACCR from the edit set that the OCCR uses for incoming abstracts. This has been reported to NAACCR who is looking into the matter. It is unknown at this time when or if this will be resolved by NAACCR. All of the remaining OCCR required SSDIs have an edit that checks that the required data is entered.

The SSDI Microsatellite Instability is required for colon and rectum cases listed below. The edit is included in the CoC edit set for CoC accredited hospitals. Non-CoC accredited facilities should ensure that all of their colon and rectal cases, abstracted after the v24 upgrade has been applied, and that meet the criteria below, have this SSDI coded.

Colon & Rectum	Microsatellite Instability (MSI)	C180, C182-C189, C199, C209	8000-8149, 8154, 8160-8231, 8243-8248, 8250-8682, 8690-8700, 8720-8790

Christy Dabbs, AA, ODS-C

ROCKY MOUNTAIN CANCER DATA SYSTEMS

NAACCR v24 Upgrade
The RMCDS upgrade to NAACCR version 24 is now available. If you have not done so already, please upgrade your software as soon as possible. There is no need to wait to upgrade if you are behind in reporting. 2024 and all previous years can be abstracted and submitted. Specific instructions for completing the upgrade were emailed by the OCCR on June 7th, 2024. There were no changes to screen set 18 for version 24. Therefore, no vlr.18 file was sent with the upgrade instructions. You will continue to use the same vlr.18 file that was sent with the v22 instructions two years ago. Please contact me if you did not receive the instructions.

If you have not yet converted to NAACCR v23 you will be required to run this upgrade prior to upgrading to version 24. You will need a different set of instructions for v23. If you do not have these instructions from last year, please contact me at christyd@health.ok.gov.

Data Item Changes for v24
NAACCR Item# 3964: SSDI Brain Primary Tumor Location is added for 2024. A list of the OCCR required SSDIs by site is provided in our Cancer Data Reporting Manual on the OCCR website.

Primary site surgery codes have been updated for five primary sites: **Lung (C34), Pancreas (C25), Thyroid (C73), Colon (C18), and Breast (C50)**

Monthly Software Maintenance
This is a friendly reminder to please keep your software updated to stay current. RMCDS pushes out updates frequently. The OCCR recommends updating RMCDS at least 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.

It's also a good idea to rebuild the master indexes after an update. This keeps things in order and prevents issues like accession numbers being out of sequence. See the OCCR Quarterly Winter 2023 article, available on the OCCR website, for specific instructions.

Christy Dabbs, AA, ODS-C

Intraepithelial Neoplasia

Intraepithelial neoplasia (IN or IEN) is “a term used to describe the presence of abnormal cells on the surface of or in the tissue that lines an organ, such as the cervix, breast, prostate, anus vagina, vulva, penis and mouth. The changes in the cells may be low grade or high grade, depending on how abnormal the cells look under a microscope and how much of the tissue is affected. Sometimes, the abnormal cells may become cancer and spread to nearby normal tissue”. [1]

There are two grading systems for these lesions: low grade and high-grade, or grade I, grade II and grade III. Low-grade cells look more like normal cells and tend to grow and spread more slowly than high-grade cells. Low-grade intraepithelial neoplasia is not a reportable diagnosis. High-grade intraepithelial neoplasia includes grade II and grade III lesions. Low-grade, intraepithelial neoplasia grade I and intraepithelial neoplasia grade II are not reportable diagnoses. However, intraepithelial neoplasia grade III lesions may be a reportable diagnosis.

Reporting IN-III

Intraepithelial neoplasia grade III is listed in the ICD-O-Third Edition, Second Revision Morphology tables[2] with a /2 behavior code. All standard setters state that malignancies with a behavior code of /2 or /3 are required for all sites, unless specifically excluded.

The Commission on Cancer specifically excludes intraepithelial neoplasia grade III of the cervix (CIN III), prostate (PIN III), vulva (VIN III), vagina (VAIN III), anus (AIN III), larynx (LIN III) and squamous intraepithelial neoplasia. However, OCCR requires these lesions be abstracted and reported to the state except CIN III and PIN III. All others must be reported to OCCR and assigned Class of Case 34 or 36, as appropriate to your facility’s role in caring for the patient. [3]

[1] National Cancer Institute. (n.d.). *NCI Dictionary of Cancer Terms.* Intraepithelial Neoplasia. https://www.cancer.gov/publications/dictionaries/cancer-terms/def/intraepithelial-neoplasia

[2] North American Association of Central Cancer Registries. (2024, January 30), *ICD O 3 Coding Updates.* ICD-O-3 Implementation Guidelines. https://www.naaccr.org/icdo3/

[3] Oklahoma Central Cancer Registry. (2024). *Cancer Data Reporting Manual.* https://oklahoma.gov/health/health-education/chronic-disease-prevention/oklahoma-central-cancer-registry-occr/occr-manuals-and-forms.html

Sandra James Steen, ODS-C

The Buzz Among Researchers

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.

Kaposi sarcoma discovery could facilitate drug development

Date: April 29, 2024

Summary: Researchers have developed a model of Kaposi sarcoma that could expedite the development of new drugs to treat the disease, which is the most common cancer in people living with HIV.

Continued on next page

The Buzz Among Researchers, continued

Researchers at UNC Lineberger Comprehensive Cancer Center, after decades of research efforts, have developed a mouse model of Kaposi sarcoma that could be key to the development of new drugs to treat the disease. Kaposi sarcoma is a cancer that is the most common cancer in people living with HIV.

The findings appeared in *Cell Host & Microbe.*

"This is an important development as we have created the first animal model ever of Kaposi sarcoma. Animal models are essential to move new drugs from the laboratory bench into clinical trials," said UNC Lineberger's Dirk Dittmer, PhD, senior corresponding author, co-leader of the UNC Lineberger Virology Research Program and director of the UNC Viral Genomics Core. "Before this, only repurposed drugs from other cancers were used to treat Kaposi sarcoma, but now we can start investigating entirely new compounds to help treat what can be a lethal cancer."

About 20% of all human cancers arise from viruses or require viral infection as an essential cofactor. The Kaposi sarcoma-associated herpes virus (KSHV) was discovered in 1994 and is associated with Kaposi's sarcoma as well as B-cell cancers. KSHV-associated diseases affect internal organs and are ultimately fatal. In the U.S., the diseases are found primarily in immunosuppressed people such as those who are HIV-positive or are transplant patients.

Worldwide, an estimated 34,270 cases of Kaposi sarcoma were diagnosed, and 15,086 deaths reported in 2020, with twice as many cases and deaths occurring in men compared to women. Africa accounted for 73% of new cases and 86.6% of the deaths from Kaposi sarcoma worldwide. The disease is endemic, and not HIV-related, in some southern and eastern African countries.

Aside from animal models, one way to study cancer is to look at tumor cells in the lab. But according to Dittmer, Kaposi sarcoma tumor cells are very finicky and dependent on signaling molecules and blood supply, which is why they don't survive in a laboratory culture dish. Therefore, researchers have been focusing on developing animal models that would mimic, as closely as possible, the disease in humans.

One of the challenges the researchers faced in developing their model was the fact that two types of genes are transcribed into proteins in the Kaposi sarcoma mouse model. Normally when a virus infects a cell, the cell dies as the virus replicates, which is a process called cell lysis; the genes that are needed for the virus to propagate itself are lytic genes. Cancer viruses are different as they enter a quiet state, called latency, where only the genes that help the infected cell survive are expressed. The mouse model the researchers developed is complex as a bit of both types of genes were needed.

Cervical cancer and its related virus, HPV (human papilloma virus), offers a good comparison for the challenge of developing a Kaposi sarcoma mouse model. The KSHV genome is 20 times larger than HPV. HPV has two cancer-causing genes, E6 and E7, so to mimic the disease in animals, researchers only needed to design two mice, one for each gene. KSHV may have as many as 10 cancer-causing genes that all work together so it would be way too difficult to develop that many mice, hence the virtue of their single model, Dittmer noted.

"Another of the key virtues of our new mouse model is that it helps us understand angiogenesis, or new blood vessel formation. Without angiogenesis cancer cells are deprived of oxygen and

Continued on next page

The Buzz Among Researchers, continued

die," Dittmer said. "In this mouse model, we can study angiogenesis blocking drugs better than ever before. If new drugs work against Kaposi sarcoma, they will also likely work against lesser-angiogenic tumors, which would be a major plus."

For next steps, the researchers hope that others will pursue drug and vaccine development based on a new understanding of fundamental aspects of KSHV provided by their mouse model, including possible development of a much-needed primate model for human KSHV and Kaposi sarcoma.

Journal Reference:

1. Sang-Hoon Sin, Anthony B. Eason, Yongbaek Kim, Johann W. Schneider, Blossom Damania, Dirk P. Dittmer. **The complete Kaposi sarcoma-associated herpesvirus genome induces early-onset, metastatic angiosarcoma in transgenic mice**. *Cell Host & Microbe*, 2024; DOI: 10.1016/j.chom.2024.03.012

University of North Carolina Health Care. "Kaposi sarcoma discovery could facilitate drug development." ScienceDaily. ScienceDaily, 29 April 2024. <www.sciencedaily.com/releases/2024/04/240429165825.htm>.

DISCLAIMER The Oklahoma State Department of Health did not participate in or provide support for the research published within this article. The article is being provided for informational purposes only. The original content of the article has not been altered by the Oklahoma State Department of Health.

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

We're on the web!

Oklahoma Central Cancer Registry (OCCR)

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