

ARKANSAS CENTRAL CANCER REGISTRY



Data Acquisition and Monitoring

The ACCR is conducting data acquisition and monitoring activities. All facilities with a deficiency of 50 or more cases, based on the 3-year average of total cases submitted, will be notified. Facilities are asked to provide information on any challenges you may be experiencing and whether you can meet the monthly reporting deadlines moving forward.

As we prepare for our Call for Data activities, having timely and complete data submitted to the ACCR is crucial to meeting NPCR quality metrics. NPCR calculates an 'expected' number of cases to be received, based on previous data submissions, population evaluation, and other factors. We can only meet this expected number with your help! Please let us know your challenges or action plans to meet our reporting deadlines.

Thank you!



Primary Spotlight: Breast

Scope of Regional Lymph Node Surgery (Using Code 2 vs. Code 6)

Scope of Regional Lymph Node Surgery describes the procedure of removal, biopsy, or aspiration of regional lymph nodes performed during the initial work-up or first course of therapy.

Code 2 Sentinel lymph node biopsy [only]

- If a relatively large number of lymph nodes, more than 5, are pathologically examined, review the operative report to confirm the procedure was limited to a SLNBx and did not include an axillary lymph node dissection (ALND).
- Infrequently, a SLNBx is attempted, and the patient fails to map (i.e., no sentinel lymph nodes are identified by the dye and/or radio label injection) and no sentinel nodes are removed. Review the operative report to confirm that an axillary incision was made, and a node exploration was conducted. Patients undergoing SLNBx who fail to map will often undergo ALND. **Use code 2 if no ALND was performed, or 6 when ALND was performed during the same operative event.** Enter the appropriate number of nodes examined and positive in the data items Regional Nodes Examined (NAACCR Item #830) and Regional Nodes Positive (NAACCR Item #820).

Code 6 Sentinel node biopsy and code 3, 4, or 5 at same time or timing not noted.

Generally, SLNBx followed by ALND will yield a minimum of 7-9 nodes. However, it is possible for these procedures to harvest fewer (or more) nodes.

If relatively few nodes are pathologically examined, review the operative report to confirm whether the procedure was limited to a SLNBx, or whether a SLNBx plus an ALND was performed.

Questions?

Contact: Mary.Mesnard@arkansas.gov or Vanessa.McLean@arkansas.gov with data quality issues or questions.



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