

ARKANSAS CENTRAL CANCER REGISTRY

August 2024 Monthly Newsletter



Highlights from the 25th Anniversary Arkansas Cancer Summit held May 9, 2024.



Insurance: Navigating patients through ever-changing insurance landscapes

Disparities: Cancer Care Disparities in Racial/Ethnic Minorities & Underserved Populations

Financial toxicity: Navigating the Cost of Cancer Treatment



SLIP on a Hat or T-Shirt

MOVE to the shade

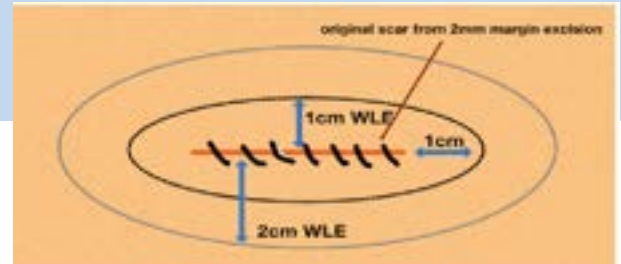
APPLY Sunscreen

RE-APPLY Sunscreen

TELL Your Friends to be Sun S.M.A.R.T.

Wide Local Excision (WLE) – Melanoma

A WLE is a surgical procedure that removes a melanoma lesion and a margin or rim of healthy tissue around it to reduce the risk of the melanoma returning. The margin size is pre-determined based on the Breslow thickness along with other characteristics, such as ulceration identified on the initial biopsy (shave, punch, etc.). Location of the melanoma is also considered to determine the margin size. As shown in the figure at right, typically a football-shaped ellipse cut is performed.



AJCC TNM Note: *cN0 can be used to complete pathologic stage for Pathological Stage 0 and Pathological T1 without clinically detected regional or distant metastases (pTis/pT1 cN0 cM0) do not require path evaluation of lymph nodes to complete pathological staging.*

Case Example

2/1/23 Punch biopsy positive for Superficial Spreading Melanoma, no ulceration, Breslow thickness 0.6mm, skin lesion left back. 02/14/23 Wide local excision follows with 1.0cm margin on OR report. No LAD or mets on work-up. No residual melanoma on path report.

SSDI, Clinical Margin Width, effective for Dx year 2023+
*Do not use pathology report to code this data item.

AJCC TNM Staging

Procedure #1: Code B230 - Punch Biopsy
Procedure #2: Code B530 - Punch Biopsy followed by WLE

Record stated margin in cm, include decimal point.
Code 1.0

<0.8 mm thickness w/o ulceration, no LAD, no mets
Clinical cT1a cN0 cM0 Stage Group 1A
Pathological pT1a cN0 cM0 Stage Group 1A





ACCR EDUCATIONAL WEBINAR SERIES

Topic: 2024 Manual Updates Review

Presenter: Janet Raleigh, ODS-C

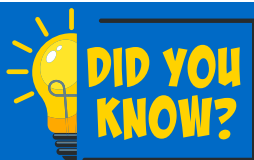
Date/Time: September 10, 2024 @ 12 pm CST

Registration via: [FLccSC](#)

Upon completion of this course, attendees will be able to show an in-depth understanding of the updates/ changes within the multitude of resource standard setter manuals applied in abstracting.

Please contact the Educational Training Coordinator, Melissa Chapman or Educational Content Manager, Janet Raleigh with any questions or suggestions of topics for future webinars you'd like considered for presentation.

Melissa.Chapman@Arkansas.gov or Janet.Raleigh@Arkansas.gov



The Arkansas Department of Health has a 12 member Cervical Cancer Task Force who are responsible for making recommendations to the Breast Cancer Control Advisory Board on public awareness, screening, prevention and treatment of cervical cancer.

MONTHLY ABSTRACTOR TIPS

1. Breast Sentinel and Regional Lymph Node coding examples:

- o Scenario #1: SLN bx + on frozen section, MD proceeds with RLN dissection
- o Scenario #2: SLN bx @ time of 1st surgery, comes back to OR on subsequent date for RLN dissection due to SLN (+) findings

Scenario #	Date SLN Bx	SLN Examined	SLN Positive	Date RLN Dissection	RLN Examined	RLN Positive	Scope RLN Surgery	Suffix
1	Record Date of SLN Bx	Record # of SLNs removed during SLN Bx	Code 97 Procedures under same anesthesia	Record date of RLN dissection (same date as SLN Bx)	Record total number of SLNs & Regional LNs	Record total (+) SLNs & Regional LNs	Code 6	Blank
2	Record Date of SLN Bx	Record # of SLNs examined	Record SLN (+)	Record date of subsequent RLN surgery	Record total number of SLNs & Regional LNs	Record total (+) SLNs & Regional LNs	Code 7	None; more than SLNs are evaluated

MONTHLY ABTRACTOR TIPS continued

2) AJCC 8th Edition Manual, Lung Chapter 36, *Table 36.12*, provides additional situation classification instruction(s), i.e.,

- Tumor extending to rib = T3
- Invasion into mediastinal fat = T4
- Paralysis of recurrent laryngeal nerve, superior vena caval obstruction, or compression of the trachea or esophagus related to lymph node involvement = N2

3) **It is very important to use your manuals**

4) Mets at Dx - Other: Includes bone marrow, do not code bone marrow metastases in Mets at Dx – Bone

5) Date of 1st Course Treatment: Record date of refusal, when no treatment is delivered due to refusal

6) When determining serosa or peritoneal involvement for colon primary sites, be sure to **review the path report gross description** if information is not stated in the OR report or synoptic portion of the path report



Arkansas Central
Cancer Registry



Tumor Invasion of Peri-colorectal Tissues

Non-Peritonealized Surfaces (no serosa):

Posterior surface:

- Ascending colon
- Descending colon
- Hepatic Flexure
- Splenic Flexure
- Upper two-thirds Rectum

All surfaces:

- Lower third of rectum

EOD of Primary Tumor: 300

- SEER Summary Stage: 1, Localized
- Coding is 'at least'; provided regional lymph nodes and other structures are not involved.
- See SEER RSA and SEER Summary Stage Manuals for more details.

Completely Peritonealized (covered in serosa):

- Cecum
- Sigmoid
- Transverse Colon
- Rectosigmoid

Anterior & Lateral Surfaces Peritonealized:

- Ascending Colon
- Descending Colon
- Hepatic & Splenic Flexures
- Upper third of Rectum

Anterior Surface:

- Middle third of rectum

EOD of Primary Tumor: 400

- SEER Summary Stage: 2, Regional by Direct Extension
- Coding is 'at least'; provided regional lymph nodes and other structures are not involved.
- See SEER RSA and SEER Summary Stage Manuals for more details.

ACCR WEBINAR SERIES - REVIEW

Thank you for your continued viewing of the ACCR Webinar Series, 2024 presentations!

QUICK TIPS:

- Table 9a added to the Solid Tumor Manual (STM), may be used for diagnosis year 2023+
- TURB procedures do not qualify for pathologic grade or stage
- Cancer PathChart to be used for diagnosis year(s) 2024+ for validity determination of site/histology combinations



SOMETHING NEW!

UNITED STATES CANCER STATISTICS DATA VISUALIZATION TOOL

This tool shows the official federal cancer statistics from central cancer registries that meet data quality criteria. It also includes malignant cancer mortality data from all 50 states, the District of Columbia and Puerto Rico.

UPDATES

Recording Height and Weight:

- Height in inches (field length: 2); Weight in pounds (field length: 3)
- Patient 5'10" tall, weighing 180 pounds, record as follows:
 - Height 70, Weight 180
- Google search is one of many quick ways to convert units of measure
- For unknowns, 99 for height and 999 for weight would be acceptable

Clarification for page 3 of the June newsletter

"Collecting Demographic Information" section:

Recording name:

LAST: Required, if not known enter UNKNOWN

FIRST: Required, if not known enter UNKNOWN

MIDDLE: Not required, if not known leave blank

The [ACCR 2024 Hospital and Non-Hospital Reporting Manual](#) is now available on [ACCR's utility website](#).
<https://adhcancer.arkansas.gov/Documents/ReportingManual%202024.pdf>

RULES FOR ARKANSAS CANCER CASE REPORTING

In accordance with Arkansas cancer reporting law, all licensed health care facilities and providers are required to report cancer cases to the ACCR no later than six months after the date of diagnosis of cancer and/or initial treatment of cancer.

All cancer cases that were diagnosed or began initial treatment on or before **February 29, 2024**, should have been reported to ACCR. If you still have cases remaining from this period, report them immediately. Cases should be reported via Web Plus

Month	Abstract due to ACCR	Recommended Month Facility conducts Patient Follow-up	Follow-Up and Case Update sent to ACCR
January 2024	July 2024	January 2025	February 1
February 2024	August 2024	February 2025	March 1
March 2024	September 2024	March 2025	April 1

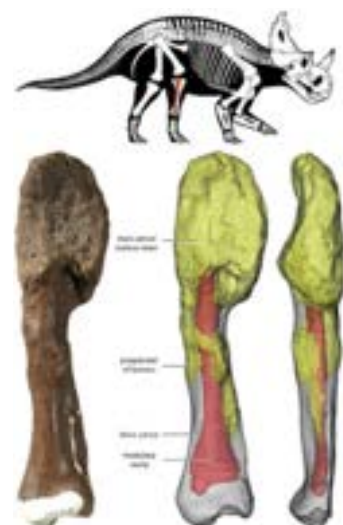
FUN FACT

In 2003, evidence of cancer cells were found in dinosaur fossils from 70 to 80 million years ago (canceratlas).

Fast forward to 2020 where scientists discovered a malignant bone cancer (osteosarcoma) in the fibula of a 77-million-year-old *Centrosaurus apertus* fossil. This is the first-time malignant tumors have ever been documented in dinosaur fossils.

Scientific and technological advances continue to improve chronic disease research. Discovery of cancer cells in fossils provide an opportunity for scientists to perform whole-genome sequencing and determine common biological links throughout the animal kingdom (phys.org).

Source: <https://canceratlas.cancer.org/history-cancer/https://osinst.org/osteosarcoma-dinosaur-bone/>
<https://phys.org/news/2020-08-malignant-cancer-dinosaur.html>
Retrieved 07/19/24



ACCR HIGHLIGHTS

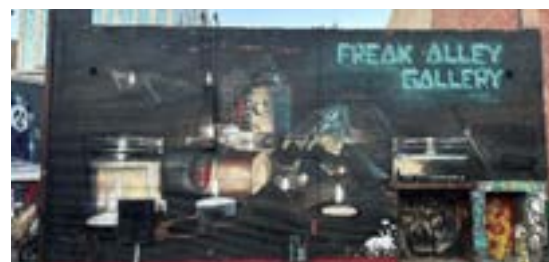
A message from ACCR's Education & Training Coordinator:

I had the pleasure of attending the North American Association of Central Cancer Registries (NAACCR) conference in Boise, ID 06/25-06/27 this year on behalf of the Arkansas Central Cancer Registry as the Educational Coordinator. This conference provides education for central registries across North America (including Canada). This was an excellent opportunity to learn about all issues related to the Central Registry regarding data collection. Among the many presentations, I especially enjoyed the "Birds of a Feather" discussion. This discussion was focused on common issues with data collection within the central registry with an open forum to hear others provide feedback on what works and doesn't work for their registries. This discussion showed we are all learning from each other and drawing strength from those we connect with in this vast network of professionals. I enjoyed hearing the success stories of other Central Registries across the country and speaking with other Registrars on related topics. It is imperative that central registry staff continue to attend to gain the education needed to provide reporting facilities with the appropriate training necessary to ensure data collection is uniform, complete, and usable for advancing cancer care in Arkansas and across the US. ACCR is looking forward to continuing cancer registry education and training to registrars and reporting facilities in the state for years to come.

Sincerely,
Melissa Chapman RHIT, ODS-C, Educational Coordinator

ACCR Director Lindsay Collins

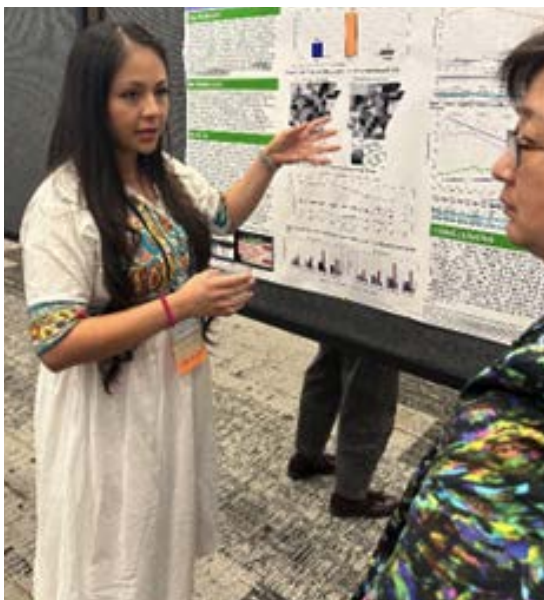
captured a picture of this unique landmark named "Gentle Breeze" while on an early morning walk before the NAACCR conference in Boise, ID. There were many amazing places to see including "Freak Alley Gallery" which has showcased local mural artists since 2002! You can see some of the artwork for yourself at freakalleyboise.com



North American Association of Central Cancer Registries (NAACCR) conference in Boise, ID



Pictured above is ACCR Director Lindsay Collins moderating and discussing information on the topic "Leveraging Partnerships to Improve Operations and Data Use" on June 27, 2024, in Boise, ID.



Pictured above is ACCR's Cancer Surveillance Manager, Daniela Ramirez Aguilar, who presented the "Lung Cancer Burden in the Natural State" poster at the NAACCR conference in Boise, ID.



Lindsay Collins & Daniela Ramirez Aguilar attended the National Cancer Registrar's Association conference in Indianapolis, IN on April 24-27, 2024. Daniela presented a poster on "Colorectal Cancer in Arkansas" while Lindsay had a National Program of Cancer Registries poster displayed.



Check out our updated Frequently Asked Questions on the ADH website!

https://www.healthy.arkansas.gov/images/uploads/pdf/FAQs_about_ACCR.pdf.

Need previous issues of ACCR's newsletters or presentations? You can find them on the ADH ACCR website!

<https://www.healthy.arkansas.gov/programs-services/topics/arkansas-cancer-registry>

Need assistance getting set up with cancer case reporting or are you experiencing issues with WebPlus? Contact Clint Lemons at 501-661-2141 or clint.lemons@arkansas.gov

For all other questions or for more information on the Arkansas Central Cancer Registry, email us at ADH.ACCR@arkansas.gov. We look forward to hearing from you!



**ARKANSAS CENTRAL
CANCER REGISTRY**

Health Statistics Branch / Arkansas Central Cancer Registry

**Arkansas Department of Health
4815 W. Markham, Slot 7
Little Rock, AR 72205
healthy.arkansas.gov / 1-800-462-0599**