

ARKANSAS CENTRAL CANCER REGISTRY

August 2025 Monthly Newsletter



We're now over halfway through another year of dedicated efforts to collect, examine, and share cancer registry data. These strides are vital to advancing early detection, improving cancer prevention and screening programs, supporting advanced treatment planning, improving outcomes, and ultimately enhancing survival rates. Every data point brings us closer to providing the best possible journey for every cancer patient.



As we continue to collect this data, organizations worldwide host meetings to utilize this data for innovations in cancer treatment and research as well. The World Conference on Lung Cancer (WCLC) will be held in Barcelona, Spain, September 6-9, 2025, by the International Association for the Study of Lung Cancer (IASLC).

Observed globally every year on August 1st, **World Lung Cancer Day** aims to raise awareness about lung cancer and its risk factors, including smoking, air pollution, and occupational exposures. The day also supports the mission of the IASLC – promoting research, early detection, and improved access to care for those affected by lung cancer.



DID YOU KNOW?

August is Appendix Cancer Awareness Month.

An amber ribbon is a sign of support for those battling [appendix cancer](#). Appendix cancer is more rare than many other cancers.

According to the National Organization for Rare Disorders, there are only about [0.15–0.9 cases](#) of appendix cancer per 100,000 people.

Source: <https://www.medicalnewstoday.com/articles/323448#appendix>

The Appendix Cancer Pseudomyxoma Peritonei Research Foundation (ACPMF) brings awareness through its Light Up #AmberforAppendixCancer campaign which shines a light on this rare but increasingly prevalent cancer by illuminating landmarks nationwide! (<https://acpmf.org/august/appendix-cancer-awareness-month/>)



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 28, 2025**, should have been reported to ACCR. If you still have cases remaining from this period, report them immediately. Cases must 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 2025	January 2026	February 1
February 2025	August 2025	February 2026	March 1
March 2025	September 2025	March 2026	April 1

UPCOMING CONFERENCES

October 2025

- [Arkansas Cancer Registrars Association Annual Meeting](#)
o October 6-8, 2025, Little Rock, AR



ACCR EDUCATIONAL WEBINAR SERIES

Topic: 2025 Manual Updates
Presenter: Janet Raleigh, ODS-C

Date/Time: August 12, 2025 @ 12 pm CST
Registration via: [FLccSC](#)



This month's presentation is an in-depth review of the 2025 updates. Please reach out to Janet Raleigh, Educational Content Manager, or Melissa Chapman, Education & Training Coordinator, with any questions.

ACCR VIRTUAL OFFICE HOUR



Need to speak directly to someone at ACCR about a coding, IT, or education related question? Do you have a case that you want ACCR to review with you? ACCR offers the unique opportunity to reach all its staff at once, during its virtual office hour! Please dial in with your questions and ACCR will be happy to assist you.

August 2025

Date: August 14, 2025
Time: 1:00 PM – 2:00 PM CST
Platform: Microsoft Teams

Meeting ID: 225 167 440 574 8
Passcode: Rj2LW33T

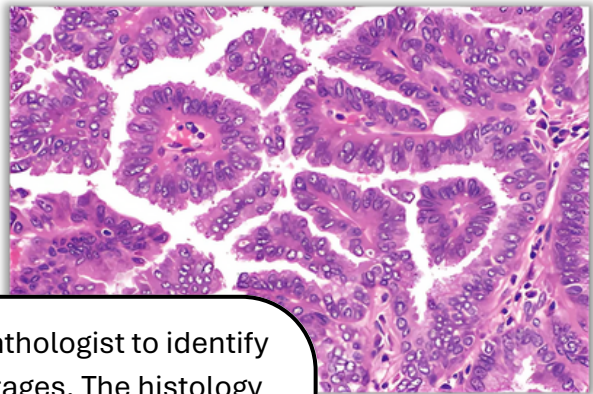
Dial in by phone: +1 501-244-3310
Conference ID: 296 120 047#

MONTHLY ABTRACTOR TIPS

Focus Area: HISTOLOGY

Review the Solid Tumor Rules 2025 Update for the most recent coding guidelines, effective for cases diagnosed 01/01/2018 and forward.

- Code the **histologic** diagnosis prior to **neoadjuvant treatment**
- Code the **most specific histology** from either **resection or biopsy**
 - **Code the invasive** when **in situ and invasive** components are in a **single tumor**
- Code the **most specific histology or subtype/variant**, regardless of **description** as:
 - Majority or predominant part of tumor
 - Minority of tumor
 - A component
- **DO NOT** code **histology described as:**
 - Architecture
 - Foci; focus; focal
 - Pattern (**exception**, see **Rule H7**)



Rule H7 Note 3: CAP Lung Protocol now allows the pathologist to identify the following histology's as *pattern* along with percentages. The histology patterns with the greatest percentage can be coded.

Acinar/Acinar predominant

Lepidic/Lepidic predominant

Micropapillary/Micropapillary predominant

Papillary/Papillary predominant

Solid/Solid predominant

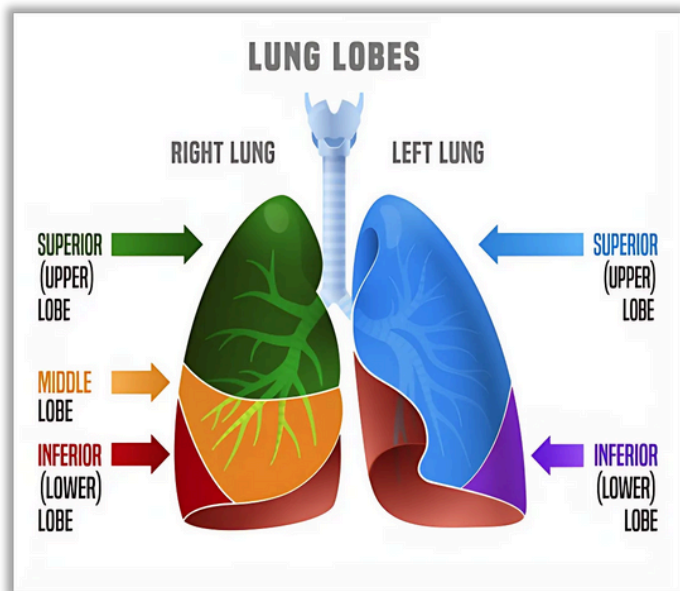
- Separate rules exist for Single Tumor and Multiple tumors abstracted as a single primary
- **Non-Small Cell Lung Carcinoma (8046)**
 - Terminology can be used in two ways:
 - As a group term describing all carcinomas that are not small cell
 - A default diagnosis when there is not enough information to classify the tumor beyond the exclusion of small cell
 - When the diagnosis is Non-Small Cell Carcinoma, use code 8046; do not use 8010. 8010 for NSCLC is for use by pathologists and physicians only.
 - AJCC staging is not applicable for 8046. Do not change histology to allow for staging.
 - When the diagnosis is Carcinoma, NOS, registrars may assign code 8010.

Focus Area: MULTIPLE PRIMARIES

Instructions for coding are also provided in the Solid Tumor Rules 2025 Update.

- **Multiple tumors may be a single primary or multiple primaries**
 - o Abstract a **single primary** when **synchronous**, separate/non-contiguous tumors in the **same lung** are on the **same row in Table 3** in the Equivalent Terms and Definitions
 - o Abstract a **single primary** when there are **simultaneous multiple tumors**
 - In **both lungs** (multiple in right and multiple in left **OR**)
 - In the **same lung OR**
 - **Single tumor in one lung; multiple tumors in contralateral lung**
- **Review the timing rules for invasive and in situ tumors**
 - o Invasive, less than or equal to 60 days after in situ in same lung – SINGLE
 - o Invasive, more than 60 days after in situ in same lung – MULTIPLE

Focus Area: CODING PRIMARY SITE/SUBSITE



Solid Tumor Rules 2025 Update

There are additional descriptions to assist with primary sites. Please see the manual for the complete listing.

See **Program Coding and Staging Manual 2025, Appendix C Site Specific Coding Modules for Lung** also has examples and descriptions of subsites:

- Bronchus Intermedius = C340 Mainstem
- Apex of lung = C341 Upper lobe
- Base of lung = C343 Lower lobe
- **Suprahilar NOS** = C349 Lung NOS

*The Solid Tumor Rules also provides instruction for coding laterality in Table 1: Coding Primary Site

Focus Area: GRADE

(See Grade Coding Manual, Version 3.2)

- Lung has a preferred grading system
 - o G1: Well differentiated
 - o G2: Moderately differentiated
 - o G3: Poorly differentiated
 - o G4: Undifferentiated
 - Includes anaplastic
 - o Grade Pathological: If preferred grading is not used, code as 9

Procedure	Path result	Grade
Lung biopsy	Moderately differentiated adenocarcinoma*	Clinical G2 = 2
Wedge resection	High grade adenocarcinoma**	Pathologic Code 9
	*Preferred Grade system	
	**No preferred grade system	

Focus Area: SSDI's

Separate Tumor Nodules AKA: Intrapulmonary metastasis

- Intrapulmonary metastasis refers to a single disease source that has metastasized within the same lung. The following disease processes **are not** intrapulmonary metastasis: Synchronous tumors, multifocal lung adenocarcinoma with ground glass/lepidic features, or diffuse pneumonic adenocarcinoma
- Record the presence of separate tumor nodules **of the same histologic type (presumed or proven)** in the same ipsilateral and/or different lobes of the same lung

Visceral and Parietal Pleural Invasion

- **Based on surgical resection only**
- Review path report to determine invasion
 - Exception: In situ tumors, code to 0 based on biopsy or resection

ALK Rearrangement

- Primarily performed on advanced non-small cell lung cancer
- Review path, clinical lab, molecular, or immunohistochemistry report
- Physician statement can be used

EGFR Mutational Analysis

- Primarily performed on advanced non-small cell lung cancer
- Review path or clinical lab report
- Physician statement can be used

NEW

PD-L1

- Primarily performed on metastatic non-small cell lung cancer
- Benefit analysis for immunotherapy treatment

ETC CORNER

Clarification on Use of Histology Codes 8010 vs. 8046 for Non-Small Cell Lung Cancer

There has been some confusion recently regarding the appropriate use of histology codes 8010 (Carcinoma, NOS) versus 8046 (Non-small cell carcinoma) for lung cancer cases. As we continue our discussion on lung cancer in this month's newsletter, we'd like to address this topic based on the latest guidance.

At the May NCRA conference, Donna Gress presented "AJCC Staging: Inside Story for New 2025 Changes," where she discussed the Version 9 Lung Chapter updates. During her presentation, she highlighted that while the term "non-small cell carcinoma" is still used in clinical settings, the histology code 8046 has been removed from the WHO Blue Books in 2004; pathologists have not used the WHO definition of 8046 for over 21 years. Instead, the recommended histology term pathologists use is 8010, Carcinoma, NOS, which AJCC describes as "non-small cell carcinoma, NOS."

It's important to emphasize the following:

👉 Web Plus will be updated this month, and we anticipate 2025 NAACCR XML formatted file submissions to be accepted in September.

👉 Cancer registrars should continue to assign histology code 8046 for non-small cell carcinoma when it meets Solid Tumor Manual criteria, until official guidance changes. This has been confirmed by SEER.

Although AJCC does not include 8046 as a stageable histology, registrars should not default to 8010 simply for staging purposes. Registrars are to follow the Solid Tumor Rules for assigning histology.

Quick Guide for Registrars for Non-Small Cell Carcinoma

- Use 8046 for "non-small cell carcinoma" when no further histologic subtype (e.g., adenocarcinoma, squamous cell carcinoma, large cell carcinoma) is specified.
- Assign **Stage 88** for AJCC staging.

We recognize the complexities registrars face when clinical documentation and coding rules diverge. As always, please refer to SEER and Solid Tumor Rules for histology coding guidance and await official updates before changing current practices.

Sincerely,
Melissa Chapman, ODS-C, RHIT
Education & Training Coordinator

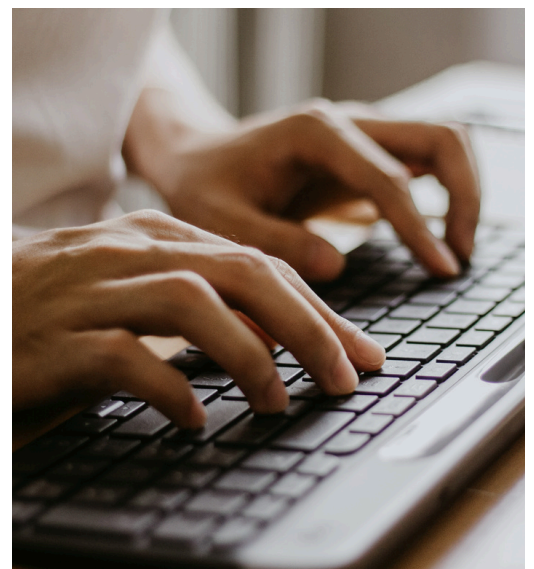
ACCR UPDATES

Web Plus will be updated this month, and we anticipate 2025 NAACCR XML formatted file submissions to be accepted in September.

The Minimum Required Text document has been updated and is available on our [utilities page](#).

ACCR virtual office hours will be held bi-monthly. The next will be scheduled for October 2025.

All cases that were diagnosed and/or treated in 2024 should have been reported to ACCR. If you are behind on cancer case reporting, please reach out to us as adh.accr@arkansas.gov to set up a plan to bring your facility back into compliance.



DIRECTOR'S NOTES

We are GOLD! ACCR is proud to announce that it earned Gold Certification in July at the annual North American Association of Central Cancer Registries (NAACCR) conference in Hartford, CT. I was honored to accept this recognition on behalf of ACCR. It would not have been possible without each and every facility who reports cancer cases to us. As you may know, ACCR must submit data each year during the annual Call For Data to NAACCR and the CDC's National Program of Cancer Registries (NPCR). NAACCR and NPCR set standards that we must meet to remain in compliance with federal reporting and funding requirements. These data are what is represented on the CDC's USCS Cancer Statistics website each year! Data up to 2022 is now available at <https://gis.cdc.gov/Cancer/USCS/>.

Additionally, ACCR has one new team member! Please help us in welcoming Tabatha Wilkerson to the cancer community! Tabatha brings knowledge and experience working with Hospital Discharge data. Tabatha will oversee facility management and will be the main point of contact for facilities.

As always, thank you for helping ACCR continue to be a success and a registry of distinction nationwide!

Sincerely,

Lindsay M. Collins, MPA, ODS-C

QUESTIONS?

Check out our Frequently Asked Questions on the ADH website!

https://healthy.arkansas.gov/wp-content/uploads/FAQs_about_ACCR.pdf

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

healthyar.info/accr

Need assistance getting set up with cancer case reporting or are you experiencing issues with WebPlus?

Email ADH.ACCR@arkansas.gov

Need to review previous Casefinding/ACCR Required Data Items lists or ICD-10 Reportable lists? You can find them on the ACCR Utilities page for Arkansas Cancer Reporters.

<https://adhcancer.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!



Vital Records & Statistics Branch / Arkansas Central Cancer Registry

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