

ARKANSAS CENTRAL CANCER REGISTRY

December 2025 Monthly Newsletter

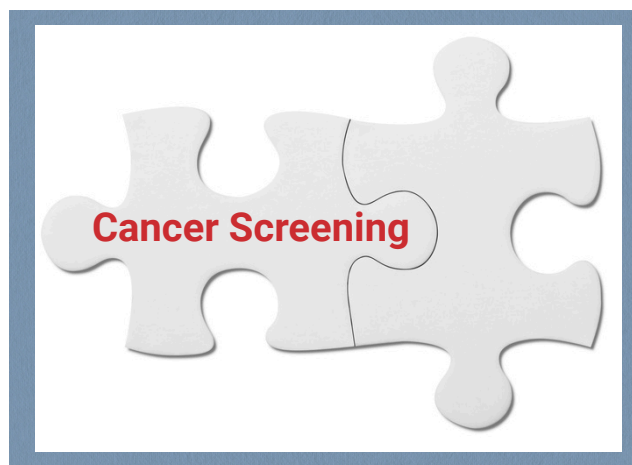


As December begins, the hustle and bustle of the holiday season is in full swing. Families and friends have gathered to celebrate Thanksgiving, and the spirit of the season continues to come alive through festive decorations, holiday music, cherished memories, thoughtful gifts, and joyful gatherings. These traditions provide a special time to reflect on the goodness of life and the blessings we share.

Amid these meaningful celebrations, it's also important to recognize **Cancer Screen Week**, observed in early December. Founded by the American Cancer Society, Genentech, and Optum, this public health initiative aims to raise awareness about the potentially lifesaving benefits of recommended cancer screenings.

While we enjoy the warmth and connection this season brings, it's also an ideal moment to prioritize our health—and the health of our loved ones—by encouraging routine cancer screenings. Promoting early detection during this time not only aligns with the season's spirit of care and compassion, but it can also lead to lifesaving or life-prolonging outcomes.

Let's continue to celebrate life by taking proactive steps to protect it!



ACCR EDUCATIONAL WEBINAR SERIES



Topic: Year in Review!
 Presenter: Janet Raleigh, ODS-C
 Date/Time: December 9, 2025 @ 12 pm CST
 Registration via: [FLccSC*](#)



In December, our presentation will cover 2025 webinar highlights, updates, and additional tips. With each ACCR webinar, you can earn 1 Category A CE* credit by viewing the webinar and completing the quiz in [FLccSC*](#).

Please reach out to [Janet Raleigh](#), Education & Training Coordinator, with any questions.

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 **June 30, 2025**, are due this month. 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
May 2025	November 2025	May 2026	June 1
June 2025	December 2025	June 2026	July 1
July 2025	January 2026	July 2026	August 1

MONTHLY ABTRACTOR TIPS

Focus Area: REPORTABILITY

Carcinoid of the Appendix

As of 1/1/15, Carcinoid, NOS of appendix is reportable. Behavior changed from /1 to /3.

Schwannoma

When originating in the intracranial (intradural, aka 'of the nerve root') or intraspinal space they are reportable.

High grade dysplasia of GI* tract

Reportable only when specified as in situ by pathologist.



*See ABBREVIATIONS & ACRONYMS page.

Spotlight: American Joint Commission on Cancer (AJCC) pN0 and (f) suffix application

Case example: Patient diagnosed with DCIS*, with regional lymph node core biopsy performed prior to surgery, proved to be node negative. Patient continues on to surgery, with attempted/aborted sentinel lymph node procedure. No nodes were removed. How would the pathologic N be assigned, is the (f) suffix applied?

Pathologic Stage: = pTis pN0 (f) cM0 Stage 0

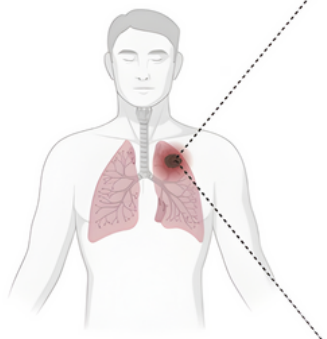
Rationale: Component of pN requirement satisfied to assign pN category.

Per AJCC Chapter 1, Principles of Cancer Staging—Component of pN:

- To assign pN, the following criteria must be met
 - Pathological documentation of the presence or **absence** of cancer in **at least one node**
 - “FNA and/or core needle biopsy of a node both satisfy the requirement of at least one regional node be microscopically examined”.
 - Pathological assessment of the **primary tumor (pT)**
- (f) suffix is applied to the pN category denoting the N category was determined by core needle biopsy.
 - “If FNA or core biopsy is performed in the absence of a complete dissection of the nodal basin, the N category should have the f suffix; for example, pN0(f)”.

Focus Area: LUNG

Let’s review a few highlights of the lung complexities presentation from the October ArCRA annual meeting.



PANCOAST TUMOR

- Located at lung apex (top).
- Invades nearby structures (nerves, ribs).
- Causes shoulder/arm pain (brachial plexus).
- May cause Horner's syndrome.
- Rare lung cancer subtype.
- Seen in smokers, usually older adults.
- Diagnosed via imaging + biopsy.
- Treated with chemo, radiation, surgery.
- Poor prognosis if diagnosed late.

PANCOAST TUMOR

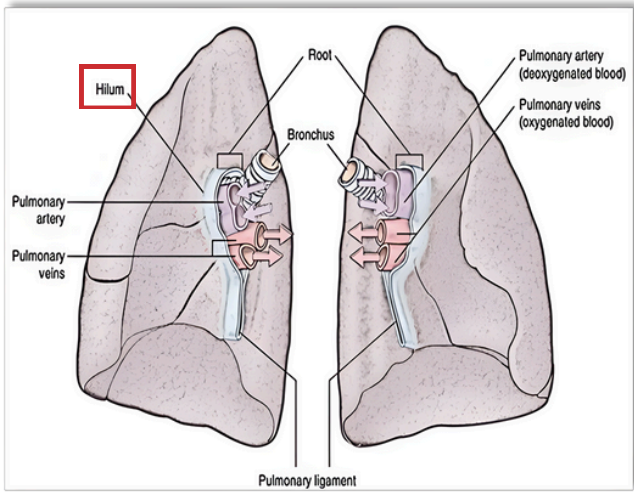
- AKA ‘Superior Sulcus’ tumor
- Reportable
- Malignant by definition
- Site code: C34.1
- SEER Summary Stage
 - Regional by DE

HILUM

- Location where major vessels and structures enter the lung
 - Site Code: C34.0

- Extending up to the hilum
- Extending down to the hilar region
 - Site Code: C34.9

***Suprahilar is C34.9**



*See ABBREVIATIONS & ACRONYMS page.

Spotlight: Cancer PathCHART (CPC)

The Cancer PathCHART (CPC) provides updated standards for tumor site/morphology combinations and associated terminology and coding. The CPC SMVLs (ICD-O-3 Site Morphology Validation Lists v2) are to be used by Oncology Data Specialists for cases diagnosed in 2024 and 2025. The table below provides a site review by year of implementation.

2024	2025
Bone & Soft Tissue	Respiratory Tract
Digestive	Soft Tissue
Female Genital	CNS
Male Genital (excl. testis)	Testis
Urinary System (excl. kidney)	Kidney

Also available for use is the [CPC Search tool](#) made available in mid-2024. Use this search tool for assistance in seeking validity status for tumor site and histology combinations. While this is helpful for validity status, the Solid Tumor Rules should be utilized for coding. A number of enhancements in the CPC search tool for 2025 include separate tabs for search results by diagnosis year, pediatric flag, pediatric WHO* terminology, and a flag for tumor sites to be reviewed.

Histology coding examples:

LLL** Wedge Resection: Adenocarcinoma. Patterns: **Lepidic: 80%**, Acinar 10%, Solid 10%

- Due to the coding exception for a description of Patterns in Rule H7, code the histology as 8250/3 Lepidic Adenocarcinoma
- Rule H7: Code the histology that **comprises the greatest percentage** of tumor when two or more of the following histologies are present: Acinar, Lepidic, Micropapillary, Papillary, or Solid
- Lepidic is the greatest percentage = 80%, apply code 8250/3 for **Lepidic Adenocarcinoma**

RUL** Lung biopsy: Adenocarcinoma with micropapillary, acinar, and solid patterns

- No rules leading up to Rule H7 apply, due to 'patterns'. Percentages are **NOT** given/**unknown**. Per Rule H7, Note 2 - move through the rules
- Rule H8: Code a combination code when there are multiple histologies AND the combination is listed in Table 2. Per Table 2 Required Terms note 1: 'At least two of the subtypes/variants of adenocarcinoma AND percentages of each type are unknown or not stated. That list includes the patterns in the biopsy result, therefore apply code 8255/3 for Adenocarcinoma with mixed subtypes

ETC CORNER

January 2026 will be here before you know it! Here are some coding updates in 2026 per the [2026 NAACCR* Implementation Guidelines](#). For a complete list of new, revised, or deleted items, review the 2026 NAACCR* Implementation Guidelines.

New Site-Specific Data Items (SSDI)!

Spread Through Air Spaces (STAS) is added to Lung V9 schema to record micropapillary clusters, solid nests, or single cells of tumor extending beyond the edge of the tumor into the air spaces of the surrounding lung parenchyma. This SSDI applies to cases diagnosed on January 1, 2026, or later; cases diagnosed prior to that must be left blank.

*See ABBREVIATIONS & ACRONYMS page.

- Not Identified (0)
- Present (1)
- No surgical resection done (9)
- Blank

This information is found within the pathology report from the primary resection (lobectomy, wedge, segmentectomy). For more information see the 2026 Standards for Oncology Registry Entry (STORE) Manual.

Revised SSDI!

Oncotype DX Risk Level-Invasive and Oncotype DX Risk Level-DCIS will no longer be required by standard setters.

STORE Manual Update!

Method of Detection - Breast: Method of Detection (MOD) refers to the first imaging test or symptom or clinical sign that prompted the subsequent workup and diagnosis of cancer.

01	Sma	Screening full field 2D film or digital mammography (do not include synthetic views or Digital Breast Tomosynthesis (DBT))
02	Sdbt	Screening with Digital Breast Tomosynthesis (DBT) with full field 2D or synthetic 2D
03	SmaNOS	Screening full field 2D film or digital mammography; with or without synthetic views and/or Digital Breast Tomosynthesis (DBT), but not specified (corresponds to the basic Sma descriptor)
04	Scem	Screening contrast enhanced mammography
05	Snuc	Screening Positron Emission Mammography (PEM) or Molecular Breast Imaging (MBI)
06	Sus	Screening ultrasound
07	Smri	Screening MRI
08	So	Other breast image-based screening modality (modality not covered by codes 01-07) (Such as CT, etc)
09	Sunk	Cancer was detected by image-based screening, but the specific modality is unknown
10	Pat	Patient reported self-examination finding and/or symptoms
11	Pro	Provider detected finding on physical examination of asymptomatic patient
12	Ppp	Patient and/or the provider detected the cancer first; unknown whether it was patient or provider
13	N	Neither, an incidental finding, Not image-based screening, Not patient or provider detected
99	Unknown	Unknown, NOS

Example: 55 YO WF** with no breast complaints. An annual screening mammogram of bilateral breasts is normal. The patient develops a palpable area of concern at Right UOQ*. A diagnostic mammo reveals a BIRADS 4 lesion-suggestive of malignancy. MRI guided biopsy reveals a mass at the 10:00 location consistent with invasive ductal carcinoma.

Code “MOD”: 10 The patient reported self-examination finding. (This self-examination prompts further workup for the breast mass). See the 2026 STORE Manual for complete instructions for this field.

Solid Tumor Rules (STR) Update!

The Solid Tumor Rules Reformatting Work Group has implemented the following changes for 2026:

- The Specific Histologies, NOS/NST, and Subtypes/Variants tables have been reformatted from 3 columns to Table notes have been moved to footnotes. Relevant M and H rules that refer to the table’s columns have been updated to reflect the changes.
- General Instructions have been reformatted. Redundant instructions from each site group modules were removed and added to the General Instructions.
- Ambiguous terminology for determining histology has been revised by a joint physician and oncology data specialist (ODS) panel. The associated instructions have been updated.
- Rule M10 in the breast site group has been removed, and subsequent rule numbering has been adjusted.

A revision history will be posted along with the updated manual for viewing/download on the [STR website](#).

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

DIRECTOR’S NOTES

Our team just wrapped up data submissions for the 2023 diagnosis year! 2025 was a great and successful year for ACCR and Arkansas cancer registrars. ACCR obtained NAACCR* gold certification and received recognition for published work! We couldn’t have done it without all of you!

It was nice to meet so many of you in person at the Arkansas Cancer Registrars Association (ArCRA) annual meeting in October! During my presentation, I discussed ACCR updates and common edit errors. We will be working to provide more tips and materials to navigate these coding errors in 2026.

I am honored to have been nominated and to accept the role of President-Elect at ArCRA. Thank you all for your support!

Wishing you a joyful holiday season and successful year ahead,
Lindsay M. Collins, MPA, ODS-C
Registry Director

*See ABBREVIATIONS & ACRONYMS page. **Reference NAACCR Recommended Abbreviations List & Data Dictionary.

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!

healthy.arkansas.gov/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/>

Has your facility changed locations, do you have a new facility manager, CEO, or Oncology Data Specialist or abstractor who is reporting cases? Send us your updates!

Email Tabatha.Wilkerson@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!

ABBREVIATIONS & ACRONYMS

ACCR – Arkansas Central Cancer Registry

ADH – Arkansas Department of Health

AJCC – American Joint Committee on Cancer

CE – Continuing Education

CPC – Cancer PathCHART

DCIS – Ductal Carcinoma In Situ

FLccSC – Fundamental Learning Collaborative for the Cancer Surveillance Community

GI – Gastrointestinal

ICD – International Classification of Diseases

MOD – Method of Detection

MRI – Magnetic Resonance Imaging

NAACCR – North American Association of Central Cancer Registries

NCRA – National Cancer Registrars Association

ODS – Oncology Data Specialist

SSDI – Site-Specific Data Items

STORE – Standards for Oncology Registry Entry

STR – Solid Tumor Rules



Vital Records & Statistics Branch / Arkansas Central Cancer Registry

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