

# ARKANSAS CENTRAL CANCER REGISTRY

January 2025 Monthly Newsletter



## ABTRACTOR UPDATES

### North American Association of Central Cancer Registries (NAACCR)

The 2025 NAACCR Implementation Guidelines and Recommendations (Revised August 2024) can be found by clicking on this link: [2025 NAACCR IMPLEMENTATION GUIDELINES](#). It is also recommended to review the V25 IMPLEMENTATION REFERENCE RESOURCES, including the multiple applicable staging schemas: AJCC, Summary Stage 2018, and EOD.

### ICD-O

In 2025 there are no updates to ICD O 3.2, continue to use the 2024 Annotated Histology List and 3.2 update. There are also no changes to Surgery Codes for 2025, however a [‘Surgery Codes and Surgery Code Crosswalks’](#) link is available.

**M Rule Example: Abstract multiple primaries when melanomas are diagnosed more than 60 days apart.**

### Solid Tumor Rules Manual 2025

- Updates based on
  - 5th Edition WHO Classification of Tumor books
  - College of American Pathologist Cancer Protocols
  - ODS professional’s questions and subsequent feedback
- New M and H rules added to select site specific modules
  - ‘Site specific modules’ have been renamed ‘site groups’
- Rules will only be available in a combined file
  - Individual site-specific modules are no longer provided

**H Rule Example: Colon, Single Tumor, Rule H5, Note 4: If the pathologist stages the LAMN as T3 or T4, continue through the rules.**

The accompanying change log to the manual is very important to review, to understand changes that were made. It is vital when applying the 2025 rules to be knowledgeable with the General Instructions. Three sections have been added to the General Instructions, including: Cancer PathCHART Site-Morphology Combination Standards, Annual Updates, and Solid Tumor Rules Site Groups by Diagnosis Year.

**The most recent Solid Tumor Rules should be used as soon as they are released.**



## Standards for Oncology Registry Entry (STORE) 2025

- Effective for cases diagnosed January 1, 2025
- Summary of changes start on page 29
  - New Data Items
    - Two new SSDI's

NAACCR ID # -1172  
PTLD Post Transplant  
Lymphoproliferative Disorder

NAACCR ID # -1174  
PD-L1

- Various changes, comments, and clarifications have been made.
  - Be sure to review the manual to ensure understanding of changes and updates.
  - Example:
    - Pg. 121 Surgical Diagnostic and Staging Procedure has 2 clarifications added. See below:

If there are macroscopic positive margins (visible with a naked eye) then capture the procedure as a Surgical Diagnostic and Staging Procedure

If there are negative or microscopically positive margins (visible with microscope only/not visible to the naked eye) then capture as a Rx-Summ Surg 2023

## **DID YOU KNOW?**

### January is Cervical Health Awareness Month

Cervical cancer is generally considered to be a preventable disease. Within the US, the current available HPV vaccine, Gardasil 9, can protect against nine of the 12 high-risk HPV strains. 99% of cervical cancer cases are caused by HPV. Screening testing includes a Pap smear, which is recommended by the U.S. Preventive Services Task Force (USPSTF) every three years, beginning at age 21. Testing is not recommended for most women over age 65.

The National Cervical Cancer Coalition (NCCC) showcases the 'Quilt Project' as a public education initiative to raise awareness about cervical cancer. To read more information on this initiative, check out [Quilt Project](#). Below are some images of the quilts in the project. These are beautiful exhibits that can spark interest, increase awareness, and provide encouragement. The project was started by women, family members, and caregivers that battled cervical cancer, precancerous HPV, and abnormal Pap tests. The Quilt Project also offers a great opportunity to display their quilts at organizations and events!



## FOCUS AREAS

### Cervix

#### Solid Tumor Manual, Table 17: Uterine Cervix Histologies

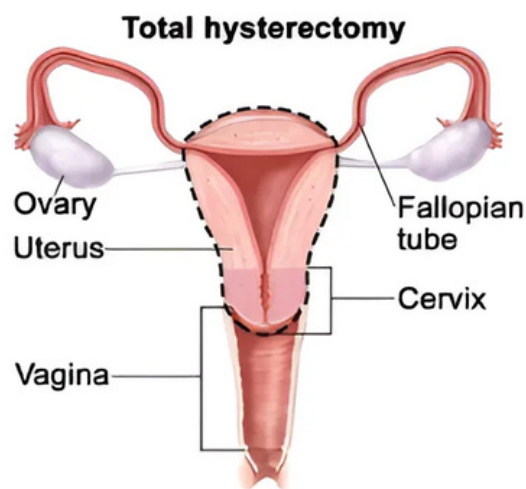
- Cancer of the Nabothian gland, topography code = C530
- Cancer of the *internal os*, also topography code = C530
- Cancer of the *external os*, topography code = C531

#### Solid Tumor Manual, Table 17: Notes

- In situ carcinoma of the cervix (/2), any histology, is NOT reportable
- p16 is a valid test to determine HPV status
  - Use to code HPV associated
  - Use to code HPV independent

#### Surgical Treatment

- Laser Surgery
- Cryosurgery
- Cervicectomy
- Conization
- Total Hysterectomy
  - Total abdominal hysterectomy with bilateral salpingectomy and oophorectomy (TAHBSO)
- Trachelectomy



A total hysterectomy removes the uterus as well as the cervix. If removed through the vagina, the procedure is aptly named vaginal hysterectomy. Accordingly, if removed through either a vertical or horizontal incision in the abdomen, the procedure is called a total abdominal hysterectomy. A small incision in the abdomen, whereby the uterus and cervix are delivered through that incision, is considered a total laparoscopic hysterectomy.

A cervicectomy, also called a radical trachelectomy, removes the cervix, nearby tissue, and the upper part of the vagina.

**EBRT** is directed to the pelvis with or without para-aortic region. IMRT technique is the preferred delivery method to minimize toxicities, while ensuring appropriate coverage of target areas.

Concurrent platinum-based chemo is also given during EBRT in most patients.

**Brachytherapy** is performed via an intracavitary and/or interstitial approach. It is an integral component of definitive RT for cervical cancer.

#### Radiation Treatment

- External Beam- (EBRT)
- Internal – Brachytherapy
  - Low-dose rate (LDR) implants
  - High-dose rate (HDR) implants
- IORT – Intraoperative Radiation Therapy

IORT delivers a single, highly focused dose of radiation in an open surgical procedure. Typically given with electrons, brachytherapy, or miniaturized x-ray sources.

**Systemic therapy** may also be used in the treatment of cervical cancer.

- **AJCC, Version 9**

- Effective 2021
- All imaging modalities are allowed for staging, across all classifications
- Inguinal nodes are considered distant
- Nodal status now plays a role in stage groups
- ‘Any N’ can be applied to the following:
  - T4 Any N M0 – Group IVA
  - Any T Any N M1 – Group IVB

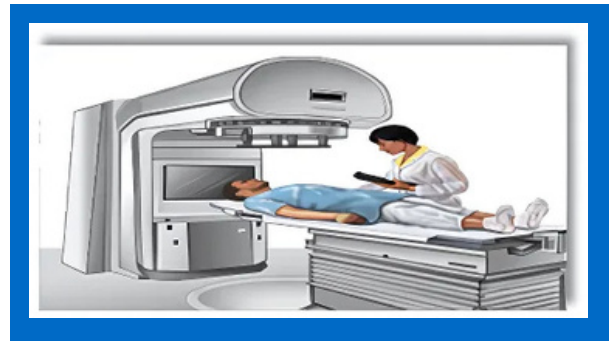
- **SEER Summary**

- Para-aortic nodes are considered regional NOT distant
- Inguinal nodes are considered distant
- Lymph nodes with ITCs only are not counted as positive nodes
- Clinically described ‘frozen pelvis’ is considered regional by direct extension
- Carcinomatosis is considered distant

## MONTHLY ABTRACTOR TIPS

### Radiation Treatment Modality

- Equivalent terms
  - Photons, x-rays and gamma-rays
- External beam, photons; code 02
  - Select this code when the treatment summary states beam energy, such as 6X, 10X, 15X or 6MV, 10MV or 15MV



In case you missed it, 2024 was the 50th Anniversary for NCRA! In December 2024, the association shared member memories in celebration of this tremendous milestone. Additionally, you can learn more about the history of NCRA, check out merchandise and view members that have been recognized as an integral part of shaping the organization in the [50/50](#) featured section! Check it out!

[NCRA 50TH ANNIVERSARY](#)

## ETC CORNER

Due to the nature and importance of our work, we take our jobs very seriously. But occasionally, we can laugh a little about the nuances, complexities, and challenges that arise. If you scour the internet, you will find Cancer Registry Comics, which can be found on Facebook and Instagram. This page is dedicated to making light of the complex rules and challenges in the cancer registry field. That small break in reality with comic relief can be just what we need sometimes! If you need a chuckle, check out these fun pages! They are also a fun resource for those who are learning! Recently, I started to watch a medical drama. As the storyline unfolded, I noticed that the Doctor staged a “carcinoma of the brain” as “stage 3”. It took me just a few minutes to consider—was this a metastatic tumor, were they talking about SEER Summary Stage, or were they thinking AJCC for a primary brain tumor (which is just not possible)? There was never any talk of a primary tumor outside of the brain, which made it even more confusing.

All this made me think about how inquisitive and serious we can be, even when we're not working. As Registrars, we never stop learning and our critical thinking skills are always “on” even watching television, listening to podcasts, or even reading books. There should probably be a support group for those of us who aren't able to get through an episode of their favorite medical drama without questioning a medical diagnosis, cringing at the mispronunciation of a medical term, or questioning why a particular test was ordered. In all seriousness, we're fortunate to be in a field that allows us to continuously learn and expand on our knowledge, and validate our skills, not only in the field but when we're home and relaxing. A bit of advice though, don't send the television drama questions in for clarification to the CANSWER Forum or SEER Inquiry, but do show off your skill set to your family and friends viewing with you! As the ETC for Arkansas, I'm here to answer any questions that you might have (while abstracting your cases), and help you resolve any abstracting mysteries you come across.

Sincerely,  
Melissa Chapman RHIT, ODS-C  
Education & Training Coordinator  
melissa.chapman@arkansas.gov

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## DIRECTOR'S NOTES

ACCR is thrilled to have completed its annual data submissions by November 30, 2024. We couldn't do this without all of the hard work and time each of you put into making sure ACCR receives the most accurate and complete cancer data. This has been a whirlwind year for many of us, between case audits, death clearance, and follow-backs, we appreciate your cooperation and responsiveness in meeting our requests.

My hope is to streamline many of our processes going into 2025 and make ACCR more accessible to you. One of our new initiatives is the ACCR Virtual Office Hour. If you are having trouble abstracting a case or have noticed frequent failing edits, please join us and we can work through the issues in real-time. Our team is also available to train new abstractors using WebPlus.

As always, please reach out to us with any questions or concerns that you may have. We look forward to another great year working with you!

Sincerely,  
Lindsay M. Collins, MPA, ODS-C  
ACCR Director  
Lindsay.Collins@arkansas.gov

ADH & ACCR attended the American Cancer Society's Health Equity Breakfast on December 6, 2024.

Pictured from left to right:

**Daniela Ramirez Aguilar**, ACCR Cancer Surveillance Manager

**Dr. Bala Simon**, ACCR Advisory Committee Chair & ADH Deputy Chief Medical Officer

**Lindsay Collins**, ACCR Director

**Amanda Hunter**, ADH BreastCare Nurse



## 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 **July 31, 2024**, should have been reported to ACCR. If you still have cases remaining from this period, report them immediately. Cases should be reported via WebPlus.

Month	Abstract due to ACCR	Recommended Month Facility conducts Patient Follow-up	Follow-Up and Case Update sent to ACCR
June 2024	December 2024	June 2025	July 1
<b>July 2024</b>	<b>January 2025</b>	<b>July 2025</b>	<b>August 1</b>
August 2024	February 2025	August 2025	September 1

### Questions?

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

[https://healthy.arkansas.gov/wp-content/uploads/FAQs\\_about\\_ACCR.pdf](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!

<https://healthy.arkansas.gov/programs-services/data-statistics-registries/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](mailto:clint.lemons@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](mailto:ADH.ACCR@arkansas.gov). We look forward to hearing from you!



### Vital Records & Statistics Branch / Arkansas Central Cancer Registry

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