

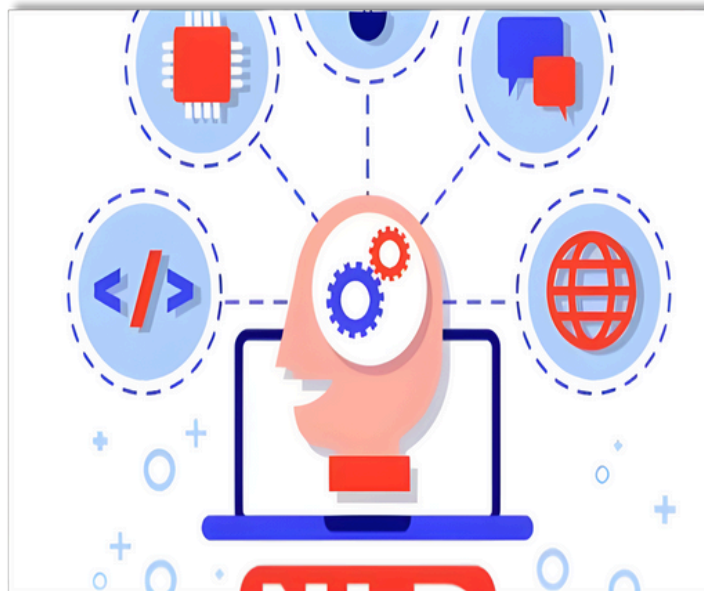
ARKANSAS CENTRAL CANCER REGISTRY

January 2026 Monthly Newsletter



Celebrations to ring in the new year are not complete without reflecting on the prior year. Did you learn a new hobby, skill, or meet an educational or health goal? As you conclude your thoughts on the past year, new thoughts start to emerge for resolutions and goals for the upcoming year. Change is inevitable; change can be hard, but change can also be good. As we move into the new year in 2026, we may focus on embracing change(s) in the registry world that will allow for both personal and professional growth.

One tool generating more strength and momentum is data collection utilizing artificial intelligence (AI). Be open to educating yourself fully on how AI can complement registry activities, which will lead to enhancement and improved functionality of the registry. Start becoming more familiar with natural language processing (NLP). NLP in general terms is the enabling of a computer to understand, interpret, and manipulate human language. Many software vendors have already begun to incorporate AI into hospital registry functions.



DID YOU KNOW

Electronic Health Record (EHR) vs Electronic Medical Record (EMR)

While we continue to utilize electronic data in a multitude of ways in the cancer registry, it is important to communicate the correct terminology associated with daily activities and tasks. When referencing a single source of documentation in a digitized version of a paper chart, we would refer to the acronym EMR for an electronic medical record. Conversely, the EHR or electronic health record is a more comprehensive, shareable record that can include information from multiple providers and is designed to be shared across different healthcare settings. In summary, EMRs focus on standard clinical data for diagnosis and treatment in one office, whereas EHRs include data from many sources to provide a complete patient health history and support interoperability.

RULES FOR ARKANSAS CANCER CASE REPORTING

In accordance with Arkansas cancer reporting laws, Ark. Code Ann. §§ 20-15-201 - 205, 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, 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
June 2025	December 2025	June 2026	July 1
July 2025	January 2026	July 2026	August 1
August 2025	February 2026	August 2026	September 1

ACCR EDUCATIONAL WEBINAR SERIES



Topic: Year in Review!

Presenter: Janet Raleigh, ODS-C

Date/Time: February 10, 2026 @ 12 pm CST

Registration via: [FLccSC](#)*



In our first installment of the 2026 ACCR webinar series, our presentation will review location! 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 (ETC), with any questions.

*See ABBREVIATIONS & ACRONYMS page.

MONTHLY ABTRACTOR TIPS

Spotlight: International Classification of Diseases for Oncology (ICD-O) - 3.2

The 'Guidelines for 2026 ICD-O-3.2 Histology Code and Behavior Update' have been released and are available here: [2026 ICD-O-3.2 Guidelines](#). These guidelines are effective for cases diagnosed 01/01/2026 forward. [LC1] Please note there were no updates released for diagnosis year 2025. The guidelines are available to assist you in determining reportability and accuracy in histology coding. Only new terms are listed in the Numeric and Alpha Tables. Two World Health Organization (WHO) Blue Books were released for inclusion in the 2026 update: 5th Edition WHO Head and Neck Tumors and 5th Edition WHO Hematolymphoid Tumors. No major changes were identified during the review of the 5th Edition WHO Head and Neck Tumors. Changes identified in the 5th Edition WHO Hematolymphoid Tumors have been incorporated into the Heme and Lymphoid Database.

Also included in the guidelines is an Annotated Histology List (AHL). This is a comprehensive list of codes there were replaced or made obsolete over time.

Below is an example of two entries in the AHL:

8163	3	FALSE	Adenocarcinoma, pancreatobiliary type (C24.1) [2018+. FOR 2015-2017, USE 8255/3]
8255	3	FALSE	Adenocarcinoma, pancreatobiliary type (C24.1) [2015-2017. FOR 2018+ USE 8163/3]

For Adenocarcinoma, pancreatobiliary type (C24.1), the annotated description provides specific instruction for histology coding dependent on the year of diagnosis. Ignore column C Preferred Term 'False' in the table above and follow the bracket instructions.

Example: Adenocarcinoma, pancreatobiliary type (C24.1) diagnosed 05/21/16, apply code 8255/3.

Descriptions within the AHL include usage notes in [] brackets, as shown above. If a term is obsolete it will be labeled as [obs].

Within the AHL, there are several rows in red text indicating new terms added to the table or a new code assigned to an existing term. The associated code is stated in the annotation/description. To review all at a glance, set your filter in column A (which is the histology code column) to filter font by the color red. Filtering column C (preferred term, either TRUE or FALSE) and column D (annotations/descriptions) also by font color red will provide a quick overview listing of changes to the preferred term. As a reminder, bracketed annotations in red text in column D indicate the year of implementation.

The 2026 ICD-O-3.2 updates should be used in combination with Cancer PathChart, the Heme Database and the Solid Tumor Rules.

Spotlight: Standards for Oncology Registry Entry (STORE) Manual 2026

Updates to the ambiguous terms instructions have been provided in the [2026 STORE MANUAL](#). For example, the word "Favors" appears in the 'Ambiguous Terms that Constitute a Diagnosis' table on page 12. Per instructions, report cases that use the words on the list even if the suffix is different. "Favored" to be malignant or "Favoring" malignancy, would be reported, even though "Favored" and "Favoring" does not appear in the table. Apply these instructions for 2026 diagnosis year and forward. As a reminder, "likely" alone does not constitute a diagnosis.

*See ABBREVIATIONS & ACRONYMS page.

ETC CORNER



Hello! You'll notice a new voice in the ETC Corner. Melissa Chapman did a fantastic job as the previous Education and Training Coordinator, and we're grateful for all she contributed.

Along with my role as Educational Content Manager, I'll now be stepping into the ETC position. A little about me: I've worked in the cancer registry field for nearly 30 years, navigating DAM*, ROADS*, FORDS*, STORE, and many of the evolving manuals. Through all the changes, my dedication to quality and learning has stayed constant.

I'm passionate about education and the impact accurate data collection has on patient care. Over the last two years, I've created bi-monthly ACCR webinars (available in FLccSC*) and contributed to much of the 2024-2025 newsletter content. Additionally, I mentor both aspiring and newly certified Oncology Data Specialist (ODS) professionals.

Change, learning, and sharing knowledge energize me, and I'm excited to continue supporting your education in this new role.

Wishing you a wonderful 2026!

Sincerely,

Janet Raleigh, ODS-C

Education & Training Coordinator

DIRECTOR'S NOTES

I can't believe it is already 2026! As we transition into the new year, we will begin preparing our facility outreach and online survey to update your contact information. You should expect an email with the survey link in February 2026. I encourage you all to please complete the survey online! This reduces our costs through printing services and postage as well as reducing the time it takes to manually process responses. As you may know, the ACCR is a very small registry!

If you would like to begin gathering the requested information, I have included it below.

As you continue to abstract cases into the 2025 forms in Web Plus, please note that all available information should be included in the abstract. We have been asked why abstracts are not passing edits when all fields with an asterisk (*) have been completed. There are many required data item fields that do not have an asterisk beside the field name. Leaving these blank or entering invalid codes or text will cause an edit error. Repeated attempts to submit the same issue may cause Web Plus to reset.

We are currently working on solutions to receive modified (M) records. For hospitals that submit updates to abstracts as bundles in Web Plus, please submit the M records as separate files. They should not be submitted as new abstracts. For facilities that abstract directly into Web Plus, there is no current method to update or correct a previously submitted abstract. You must reabstract the entire case. The best way to prevent this is to include as much text as possible when submitting an abstract. This will help our ODS' review the cases and determine if a follow-back and reabstract needs to be done or if we have enough information to correct the case ourselves.

*See ABBREVIATIONS & ACRONYMS page.

We appreciate all the efforts your teams put forth to help us gather information efficiently. If you have any questions, please reach out to us at ADH.ACCR@arkansas.gov.

Kind regards,

Lindsay M. Collins, MPA, ODS-C

Facility Contact & ODS Outreach Survey Information

- Facility Name (complete for each facility you abstract or report for)
 - Type of Facility
 - Facility Affiliation, if applicable
 - Licensed with Arkansas Department of Health
 - Specialty
 - Facility Mailing Address
 - Cancer Abstractor/ODS name
 - Contractor Agency, if applicable
 - Is abstractor ODS-C
 - Job Title
 - Email Address
 - Phone Number
 - Supervisor Name
 - Title
 - Email Address
- Phone Number
 - Facility/Hospital Executive, Manager, or CEO Name
 - Email Address
 - Mailing Address
 - Phone Number
 - Reporting Facility ID Assigned by ACCR
 - Frequency of reporting to ACCR
 - Total cancers diagnosed in:
 - 2024
 - 2025
 - Total initial treatment of cancer in:
 - 2024
 - 2025
 - Registry software and EMR system
 - Number of registry staff
 - CoC accreditation

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/>

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

AHL – Annotated Histology List

AI – Artificial Intelligence

CE – Continuing Education

CPC – Cancer PathCHART

DAM – Data Acquisition Manual (retired)

EHR – Electronic Health Record

EMR – Electronic Medical Record

FLccSC – Fundamental Learning Collaborative for the Cancer Surveillance Community

FORDS – Facility Oncology Registry Data Standards (retired)

ICD – International Classification of Diseases

NCRA – National Cancer Registrars Association

NLP – Natural Language Processing

ODS – Oncology Data Specialist

ROADS – Registry Operations and Data Standards (retired)

STORE – Standards for Oncology Registry Entry

WHO – World Health Organization



Division of Public Health Practice | Vital Records & Statistics Branch

Arkansas Central Cancer Registry

Arkansas Department of Health

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