

ARKANSAS CENTRAL CANCER REGISTRY

July 2025 Monthly Newsletter



JULY 2025

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10	11	12
13 GIST	14	15	16	17	18	19 GBM
20	21	22	23	24	25	26
27	28	29	30	31		

DID YOU KNOW?

A Month of Awareness and Hope

While July is widely celebrated as a month of independence and freedom, it also holds deep significance in the fight against cancer. Within this month, two important cancer awareness days are recognized:

- **July 13** – GIST Awareness Day, honoring those affected by **Gastrointestinal Stromal Tumors**
- **July 19** – Glioblastoma Awareness Day, bringing attention to **Glioblastoma Multiforme**, one of the most aggressive brain cancers

In addition to these days, **July is also Sarcoma and Bone Cancer Awareness Month**, shining a light on rare but serious cancers that impact bones and connective tissues.

As we celebrate freedom this month, let us also take a moment to honor those affected by these illnesses, support ongoing research, and advocate for greater awareness. May our collective efforts lead us closer to the ultimate goal: a world free from cancer.

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 **January 31, 2025**, should have been reported to ACCR. If you still have cases remaining from this period, report them immediately. Cases must be reported via WebPlus.

Month	Abstract due to ACCR	Recommended Month Facility conducts Patient Follow-up	Follow-Up and Case Update sent to ACCR
December 2024	June 2025	December 2025	January 1
January 2025	July 2025	January 2026	February 1
February 2025	August 2025	February 2026	March 1

UPCOMING CONFERENCES

August 2025

- [ImmunizeAR's Immunization Summit 2025](#)
 - o August 8, 2025, Wyndham Riverfront Hotel, North Little Rock, AR 72114

ACCR WEBINAR SERIES REVIEW



The next ACCR educational webinar will be available in August. 2025 manual updates will be reviewed. Please reach out to ACCR with any questions.

Friendly reminder: All 2024 and 2025 ACCR Webinars are approved for 1 Category A CE credit, completely free of charge!



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

Dial in by phone: +1 501-244-3310

Conference ID: 296 120 047#

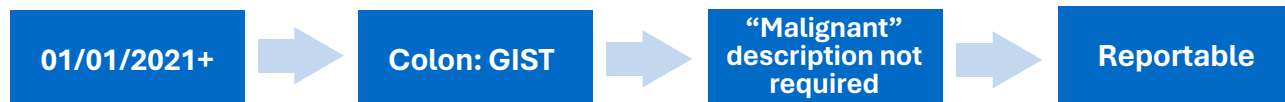
Meeting ID: 225 167 440 574 8

Passcode: Rj2LW33T

MONTHLY ABTRACTOR TIPS

Focus Area: GIST – Gastrointestinal Stromal Tumor

In the 2025 Solid Tumor Manual (STM) Colon schema, a note was changed regarding guidelines for GIST reportability. That note states “Beginning with cases diagnosed 01/01/2021 forward, the word malignant is no longer required in order to be reportable.”



Focus Area: Stereotactic Brain Biopsy

An additional clarifying sentence has been added to surgery code A200 in SEER for brain biopsy. “Assign code A200 for stereotactic biopsy of brain tumor. This includes a Stealth or StealthStation guided needle biopsy, a type of stereotactic biopsy.”

Focus Area: Glioblastoma

During this awareness month for Glioblastoma, let’s quickly revisit some **surgery coding tips**. These tips are reviewed in the 2024 ACCR Webinar series: AJCC Heme Chapters & Surgical Coding review webinar that provides detailed instructions and additional examples for brain tumor primary surgery coding, check it out in [FLccSC!](#) The presentation is available in two formats, slides and video.



The **key components to assigning surgery** coding for brain include:



Coding guidelines: STORE Appendix A & SEER Staging Manual Appendix C
Below are examples only, see manuals for complete coding guide



Spotlight: Solid Tumor Rules

- Revised annually
- **One** consolidated manual for 2025
- Apply most recent version as soon as it is released

- Table providing effective diagnosis years per site
- Previous versions are archived and should not be used

SITE GROUP	SOLID TUMOR RULES	MP/H RULES
Head and Neck	2018-Current	2007-2017
Colon	2018-Current	2007-2017
Lung	2018-Current	2007-2017
Breast	2018-Current	2007-2017
Kidney	2018-Current	2007-2017
Urinary Sites	2018-Current	2007-2017
Non-Malignant CNS	2018-Current	2007-2017
Malignant CNS & Peripheral Nerves	2018-Current	2007-2017
Cutaneous Melanoma	2021 -Current	2007- 2020
Other Sites	2023 -Current	2007- 2022
<i>Examples:</i>	<i>Melanoma diagnosed 02/25/2024 would be coded following the Solid Tumor Rules for 2021-Current</i>	<i>Melanoma diagnosed 11/23/2018 would be coded following the MP/H Rules for 2007-2020</i>

ODS UPDATES

Cancer PathCHART

CPC updated standards for tumor site and morphology combinations and associated terminology and coding. As a reminder, the Cancer PathCHART ICD-O-3 Site Morphology Validation Lists (CPC SMVLs V2) replaced the 2023 ICD-O-3 SEER Site/Histology Validation List. CPC SMVLs V2 are to be used for cases diagnosed in 2024 and 2025. Looking ahead in 2026, Head and Neck site review and implementation is planned, and in 2027 Endocrine, Neuroendocrine, and Eye & Orbit. The [Cancer PathCHART \(CPC\)*Search tool](#) will be updated annually. The Solid Tumor Rules are used for coding, whereas the CPC Search can be used as a confirmatory tool.

SEER*Educate

Within the SEER Educate 2025 Updates, the Commission on Cancer (CoC) new multiple-choice tests were moved to public view in the Training Menu. Content groups include Standards, Synoptic Reports, and Quality Measures. To take advantage of this education, visit their website [SEER Educate](#). Also added were Heme, Histology and STM (Solid Tumor Rules) coding exercises!

Bridging Innovation and Insight: AI and Interoperability in the Cancer Registry

Attending NCRA's Annual Educational Conference in May 2025 provided an exciting opportunity to explore a timely and important topic at the intersection of two advancing areas in the cancer registry field: Artificial Intelligence (AI) and Healthcare Data Interoperability Networks (HINs), including HL7, FHIR, and QHINs.

One of the standout presentations was delivered by Karen Mason, MSc HI, RN, ODS-c, titled “**Interoperability—What It Is, What It Is Not, and How It Could Impact Hospital Cancer Registries.**” Karen explored how interoperability plays a crucial role in modernizing cancer registries, and the realistic limitations of current technologies.

Cancer registries remain the backbone of cancer surveillance. However, they are often hindered by manual data entry, siloed systems, and delays in data exchange and reporting. One of the major hurdles is the nature of the data itself. Information exists in two primary formats: structured and unstructured. Structured data (such as coded entries) is organized into predefined formats, making it easier to exchange and analyze. In contrast, unstructured data—like narrative clinical notes or registrar text entries—lacks consistent formatting, making it far more challenging to organize, analyze, and share.

Karen highlighted that while **Natural Language Processing (NLP)** tools can extract information from unstructured text, the current generation of NLP systems lacks the precision needed to meet the high-quality standards required in cancer registries. This is why **manual abstraction by Oncology Data Specialists-Certified (ODS-Cs)** remains essential today.

She emphasized that for data exchange to be meaningful and standardized, there needs to be a significant shift toward structured data input at the source—for example, by replacing narrative entries with dropdown selections and predefined data fields in EHR systems.

A case in point is **primary site identification**—a critical field in cancer registry work. While AI can generate a suggested primary site, its accuracy is not yet consistent or reliable enough for unsupervised use. As Karen noted, the human expertise of an Oncology Data Specialist is indispensable for ensuring data quality, accuracy, and meaningful abstraction.

Despite the limitations, the landscape is changing. There are ongoing initiatives to streamline the flow of data directly from medical records into central cancer registries. One such effort is the development of the **United States Core Data for Interoperability (USCDI)**, which aims to create a national health data set. This initiative will encompass various data domains, including demographics, care teams, diagnoses, diagnostic imaging, medications, and clinician notes—potentially transforming how data is collected for cancer surveillance.

In summary, while **AI and interoperability tools are advancing**, they are not yet at a point where they can replace the nuanced and complex work of Oncology Data Specialists. However, these technologies **hold great promise** in supporting registrars and reducing the burden associated with abstracting and reviewing the increasing volume of cancer cases.

I look forward to continued updates on these initiatives and the evolving role they will play in strengthening cancer surveillance while supporting the work of hospitals and central registries.

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

DIRECTOR'S NOTES

We have been very busy here at ACCR. We are currently working on our follow-back, death clearance, and deduplication processes. Many facilities have recently received letters for follow-back on specific cases. These letters are vital to the success of the cancer registry and ensure that we have all the correct information needed to correctly code each cancer case that gets submitted during our annual data submissions. Many of us don't see the big picture when it comes to abstracting a cancer case. I want to assure you that the role you play in coding cases now may trickle down and be seen by future cancer patients through new treatments based because of the research done from the cases you submitted to us. Not only does this information help with research and future treatment regimens, but it also helps us when determining specific cancers during a cancer cluster investigation.

Thank you for all of your hard work and assistance in ensuring the data we receive is complete and accurate.

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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