

ARKANSAS CENTRAL CANCER REGISTRY

June 2025 Monthly Newsletter



June truly is a powerful reminder of resilience, strength, and the importance of community. National Cancer Survivors Month shines a light not just on survival, but on the journey of thriving after diagnosis. Whether you're a survivor, caregiver, friend, or advocate, this month is a time to:

- ♥ Honor the courage of those who've faced cancer.
- 🎀 Raise awareness of survivorship challenges.
- 📖 Educate yourself and others in the long-term needs of survivors.
- 🌸 And most importantly, CELEBRATE LIFE with gratitude and joy!



For more information, visit the [NATIONAL CANCER SURVIVORS DAY](https://www.nationalcancer.gov/survivors) official website.

DID YOU KNOW?

JUNE UTERINE CANCER AWARENESS MONTH

June is Uterine Cancer Awareness Month

A Global Campaign Initiated by the International Gynecologic Cancer Society (IGCS) in 2023.

Supported by the International Gynecologic Cancer Advocacy Network (IGCAN) and Partners.

Wear a Peach Ribbon for Uterine Cancer Awareness Month this June

IGCS INTERNATIONAL GYNECOLOGIC CANCER SOCIETY
IGCAN INTERNATIONAL GYNECOLOGIC CANCER ADVOCACY NETWORK

#JUMP4JUNE
#UCAM

igcs.org/ucam

- Uterine cancer is the most common gynecologic cancer on the rise.
- Both incidence and mortality rates are increasing, possibly due to risk factors increasing worldwide.
- Aging populations along with obesity and obesity-related disease are the strongest risk factors.
- Endometrial Cancer and Uterine Sarcoma are the two main types of uterine cancer.
- The majority are made up of the Endometrial type, about 90%, whereas Uterine Sarcoma is rare, more aggressive, as well as more difficult to detect at an earlier stage.

Endometrial Carcinoma cases diagnosed 2024 and forward **MUST** be assigned 8380/3. This code **SHOULD** be used for all cases diagnosed 2023. This code **MAY** be used for all cases diagnosed prior to 2023. This update is reflected in the Solid Tumor Rules Other Sites.

RADIATION TREATMENT

When the Whole Pelvis is treated via external beam radiation. The primary treatment volume is coded as 71, in addition the draining lymph nodes are coded to 06. We can assume the regional nodes in the pelvis were targeted.

STAGING



Endometrial intraepithelial carcinoma (EIC) should be considered T1, however SEER considers this in situ

Endocervical curettage is not adequate to establish cervical involvement

Can use cN to assign pathologic staging, if surgical pathological findings are insufficient
pT1a cN0 cM0 = Stage 1a

Inguinal nodes are considered **DISTANT**, in addition to femoral

GRADE

G3 is assigned to the following histologies:
Serous, Clear Cell,
Undifferentiated/de-differentiated,
Carcinosarcoma and Mixed Mesodermal
Tumors (mllerian/MMMT)

Endometrioid Carcinoma only:
‘Low Grade’ = code 2 (FIGO Grade 2)
‘High grade’ = code 3 (FIGO Grade 3)

ACCR EDUCATIONAL WEBINAR SERIES

Topic: Melanoma

Presenter: Janet Raleigh, ODS-C

Date/Time: June 10, 2025 @ 12 pm CST

Registration via: [FLccSC](#)



Please contact Janet Raleigh, Educational Content Manager, at Janet.Raleigh@Arkansas.gov, or Melissa Chapman, Education & Training Coordinator, at Melissa.Chapman@Arkansas.gov, with any questions.

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

ACCR EDUCATIONAL WEBINAR SERIES REVIEW

2025 WEBINAR HIGHLIGHTS

February: Common Coding Errors

Grade Table 24, Brain, CNS Other and Intracranial Gland: Grade clinical may be assigned Without histologic confirmation

April: Treatment Coding Nuances

A bolus used in radiation does not alter the number of phases

MONTHLY ABTRACTOR TIPS

Focus Area: Breast

Grade Coding review

In Situ, behavior /2:

L, M, and H

L = Nuclear Grade I (Low)

M = Nuclear Grade II (Intermediate)

H = Nuclear Grade III (High)

**1-3 are not assigned to /2 behavior*

Invasive, behavior /3:

1, 2, and 3

1 = Low Grade, Grade 1

2 = Intermediate Grade, Grade 2 3

= High Grade, Grade 3

**L-H are not assigned to /3 Behavior*

Compare your behavior coding with grade coding to ensure they align with coding instructions. This is crucial for validity and consistency.

Scope of Regional Lymph Node Surgery & Regional Nodes Positive/Examined



On the next page, there are several examples to help you with coding the data fields related to regional lymph node coding. When the scope of regional lymph node surgery field is coded to 01-06, regional nodes examined/positive fields will not = 98/00. Scope of regional lymph node surgery coded to 0 = regional lymph nodes/examined coded to 98/00.

Procedure	Path findings	SLNS	Reg # Positive	Reg # Examined	Reference = STORE
FNA or biopsy of regional lymph node	Rt Axilla FNA, Level 1 node: Metastatic invasive ductal carcinoma (IDC)	1	95 A positive lymph node is aspirated or biopsied, no surgically resected lymph nodes	95 Only procedure for regional lymph nodes is aspiration (cytology) or core biopsy (tissue)	Scope of Regional Lymph Node Surgery (SLNS) Regional Lymph Nodes Positive/Examined
Sentinel lymph node biopsy	Rt Axilla, sentinel lymph node biopsy: 01/02 nodes positive for metastatic invasive lobular carcinoma (ILC)	2	01*	02*	Scope of Regional Lymph Node Surgery (SLNS) Sentinel Lymph Nodes Examined Sentinel Lymph Nodes Positive
Mediastinal lymph node dissection	Mediastinal node dissection: 00/06 negative	5	00	06	Regional Lymph Nodes Positive/Examined
Regional lymph node dissection	Regional nodes: 06/14 positive for metastatic mucinous carcinoma	5	06	14	Regional Lymph Nodes Positive/Examined
No FNA, biopsy or surgical lymph node procedure	N/A	0	98	00	Regional Lymph Nodes Positive/Examined

**Also code this information in the sentinel lymph node positive and examined fields.*

***Additionally, for some primary sites like Lymphoma, and sites coded to C421, C710-C729, and C809, the regional lymph nodes positive and examined fields **are both coded to 99**.*

Tip -- It is important to review your coding data for matching entries. Regional lymph nodes positive and examined should not be coded as 98/00 when an applicable diagnostic or surgical lymph node procedure is performed.

ETC CORNER

As cancer registry professionals, the work we do is both rewarding and demanding. With increasing complexity in our daily tasks, it's easy to feel overwhelmed or mentally drained. That's why having a plan to manage stress isn't just helpful, it's essential.

In a field where accuracy and attention to detail directly impact patient care, staying sharp is part of the job. But we can't do that if we're running on empty. The good news? There are simple ways to reduce exhaustion and make our workdays more enjoyable.

With warmer weather and longer days, it's a great time to step outside for a quick walk, spend a few minutes playing with your pets, or unwind with a good book. These little moments can do wonders for your mood and energy levels.

Most of us have the flexibility to step away from our desks when needed. So, take advantage of your breaks—use that time to breathe, reset, and recharge. Being intentional about self-care isn't just good for you; it's good for your work, your team, and ultimately, the patients we serve.

Additionally, here are 5 great tips from Everydayhealth.com to avoid burnout:

- **Reframe your mindset:** Consider why you do the work you do and what you like about your role in the Cancer Registry.
- **Make time for self-care:** Start small and take 10 minutes a day for yourself, prioritizing adequate amounts of sleep, a healthy diet, and exercising is a good start. I suggest taking your 30 minutes-1hr lunch breaks at a regularly scheduled time. You can walk, take a power nap, or actually eat lunch.
- **Ask for help:** Let your Boss, Coworkers, and Family know you are exhausted and need help, and be specific about what you need. If they don't know they cannot help you.
- **Maintain your social life:** Sometimes it helps you to use social time to step away from stressors and simply use the time to enjoy another person's company. Either way, social contact can be an excellent way to de-stress.
- **Set Boundaries:** When you are not working, leave work behind and not overextend yourself. Don't be afraid to say no!

Let's make burnout prevention a part of our routine—because we can't pour from an empty cup.

Sincerely,

Melissa Chapman ODS-C, RHIT
Education & Training Coordinator

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.

June 2025

Date: June 16, 2025

Time: 1:00 PM – 2:00 PM CST

Platform: Microsoft Teams

Meeting ID: 298 442 834 629

Passcode: kw9aT28j

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

Conference ID: 835 907 420#

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 **December 31, 2024**, 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
November 2024	May 2025	November 2025	December 1
December 2024	June 2025	December 2025	January 1
January 2025	July 2025	January 2026	February 1

DIRECTOR'S NOTES

As we transition into the summer months, ACCR will be reaching out to facilities to update contact information and yearly case counts for 2023 and 2024. Facilities should expect an email or letter requesting this information be returned within 30 days of the date of the letter. This information is important as we prepare future goals and objectives for the registry. Your answers will help us determine completeness rates and guide future casefinding efforts.

Our Education and Training Coordinator, Melissa Chapman, discussed burnout in the ETC Corner this month. She recommended taking a quick walk. One thing I love about working at ADH is the walking trail across the street. We all need to take a break and step away from our desks and the walking trail is the perfect opportunity for me to not only get some exercise, but also to appreciate nature. This month is also #JUMP4JUNE in recognition of Uterine Cancer Awareness. The challenge encourages us to participate in jumping activities. You may not catch me on a trampoline any time soon, but I hope you all will join me with #JUMP4JUNE activities such as jumping rope or jumping jacks! Check out the challenge at [IGCS.org](https://www.igcs.org).

Be safe and have fun!
Sincerely,
Lindsay M. Collins, MPA, ODS-C



Record a video or take a photo of yourself performing a jump, whether it's a small hop or a large leap.

Pose or jump in a way that works for your level of fitness. Here are a few ideas to get started:

- Beginner: Pose as if you are going to jump off a step or jump outside with family and friends.
- Intermediate: Bounce on a trampoline or perform jumping jacks.
- Advanced: Jump rope or leap over hurdles.
- Extreme: Go skydiving or paragliding!

Submit your photos or videos to be included in our compilation video(s) leading up to June.

- Visit [igcs.org/jump4june](https://www.igcs.org/jump4june) to submit your jump
- You can submit multiple photos and videos if you'd like.

Post your photos or videos on social media throughout June.

- Share your jump on your platform of choice with a message to spread knowledge and awareness about uterine cancer. Visit [igcs.org/ucam](https://www.igcs.org/ucam) for information and ideas about what facts to share.
- Use the hashtags [#Jump4June](https://www.igcs.org/jump4june) and [#UCAM](https://www.igcs.org/ucam) (Uterine Cancer Awareness Month) in your post.
- Tag IGCS and IGCSAN in your posts - or invite us to collaborate on your Instagram post to increase your reach!

Challenge and inspire others.

- Nominate at least three friends or followers to take part in the [#Jump4June](https://www.igcs.org/jump4june) challenge by tagging them in your post.
- Direct your followers to resources where they can learn more about uterine cancer.

UPCOMING CONFERENCES

June 2025

- [North American Association of Central Cancer Registries 2025 Annual Conference](#)
 - o June 3-5, 2025, Connecticut Convention Center, Hartford, CT 06103

August 2025

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

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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