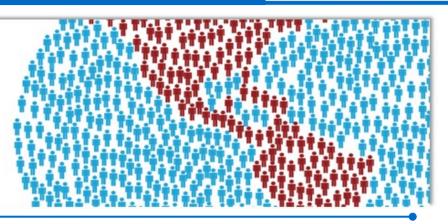
# ARKANSAS CENTRAL CANCER REGISTRY



**March 2025 Monthly Newsletter** 





In March, **Myeloma Action Month** is promoted to raise awareness of cancer of the bone marrow plasma cells. This is the second most common blood cancer in the world. To share your support, check out <a href="https://myelomaactionmonth.org/">https://myelomaactionmonth.org/</a>.

During the month of March, we also recognize awareness of Colorectal Cancer and Kidney Cancer.

# **DID YOU KNOW?**

## **Spotlight: Colorectal cancer**

Colorectal cancer is second only to lung cancer as the leading cause of cancer death in the United States. The most recent age recommendation for colorectal cancer screening via colonoscopy has been set at 45 years versus the previous recommendation at 50 years of age. Screening has made an impact, with colorectal cancer rates in a downward trend, as well as detection at an earlier stage, when the cancer may be more easily treated. According to the CDC, five-year relative survival rates with early-stage colorectal cancer are 88.5% (https://gis.cdc.gov/Cancer/USCS/#/SurvivalbyStage/).

Risk level	Action	Age	Strength of rec- ommendation	Evidence grade
Average risk	Start screening	45 years	Conditional	Very low
	Screen	50 to 75 years	Strong	Moderate
	Stop screening	> 75 years	Conditional	Very low
One or more first-degree relatives with colon cancer or advanced polyps	Start screening	40 years or 10 years before age of youngest relative at time of diagnosis	Conditional	Very low

## Spotlight: Multiple Myeloma

Multiple Myeloma is diagnosed in less than 1% of people younger than 35 years of age. The average age for Multiple Myeloma cancer diagnosis is 69.

(https://www.cancer.org/cancer/types/multiple-myeloma/about/key-statistics.html)

Treatments for Multiple Myeloma include Chemotherapy, Hematologic Transplant and/or Endocrine Procedures, Hormone therapy, and Immunotherapy. Radiation therapy (RT) is primarily used for palliation, and systemic therapy should not be delayed for RT. Treatment regimens are based on the patient's candidacy for transplant. You may also see the use of CAR-T, which stands for chimeric antigen receptor-T cell. Carvykti is a type of CAR-T therapy. It consists of an infusion of the patient's own T cells, fortified and multiplied by the millions to fight Multiple Myeloma. CAR-T therapy is generally given for relapsed/refractory disease.



CAR-T is indicated as a Biologic therapy (BRM, immunotherapy) in SEER\*Rx.

# **ACCR EDUCATIONAL WEBINAR SERIES REVIEW**

Thank you for viewing the ACCR Webinar Series February 2025 presentation, Common Coding Errors, and for your continued patience while FLccSC underwent maintenance. ACCR's 2024 Webinar Series presentations are now available in FLccSC. Upon completion of viewing the individual one-hour presentations, you will earn 1 Category A CE credit.



NAACCR's Webinar Series 2024-2025 are posted to FLccSC each month. You can access October 2024 through February 2025. For a list of upcoming NAACCR webinars, go to <a href="https://education.naaccr.org/next-year-webinar-series">https://education.naaccr.org/next-year-webinar-series</a>.

The next ACCR webinar series presentation will be April 15, 2025. 'Treatment Coding Nuances' will be reviewed, with coding examples provided.

# **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 **September 30, 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
August 2024	February 2025	August 2025	September 1
September 2024	March 2025	September 2025	October 1
October 2024	April 2025	October 2025	November 1

#### MONTHLY ABSTRACTOR TIPS

## Focus Area: Kidney

- Apply Grade Table 18 for Kidney Parenchyma, and Table 19 for Kidney Renal Pelvis
- **Kidney Parenchyma:** Renal Cell Carcinoma (a type of adenocarcinoma) is the most common histology, and the WHO/ISUP preferred grading system is used (Codes 1-4). Please also note, WHO/ISUP does not include Fuhrman grade. If grade is indicated as Fuhrman, apply code 9. The preferred grading system takes priority over Codes A-D.
- Renal Pelvis: Urothelial carcinomas are only possible in the Renal Pelvis, and never possible in the
  parenchyma. For urothelial carcinomas, Grade Codes L, H, and 9 only are applicable.
   Adenocarcinoma and Squamous Carcinoma can occur in less than 1% of all renal pelvis cases, in
  which only Grade Codes 1-3 apply.

#### Focus Area: Colon

• Use the resource AJCC Staging Moments when coding for Colon.

# Case Example:

Patient has screening colonoscopy, with polypectomy of polyp in the sigmoid colon, positive for adenocarcinoma, CT showed no mets, and lymph nodes could not be assessed. The pathology report also indicated invasion into the submucosa\*, grade 3, with clear margins from stalk of the polyp. Additiona lsurgery was completed, path report showed no residual cancer, 1 tumor deposit, with negative nodes.

Site-Specific Surgery Codes	Site-Specific Surgery Codes	
AJCC TNM Clinical Staging	cT1 Invasion of submucosa cNX Imaging did not effectively assess nodes cM0 No mets on imaging Group 99	
AJCC TNM Pathologic Staging	pT1 Invasion of submucosa, applying clinical information and resected specimen results pN1c Tumor deposits with no other nodal mets cM0 No mets on imaging Group IIIA	

You can find more staging scenarios for Colon, Breast, Lung, Head and Neck, Melanoma, and Prostate at <a href="https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/staging-education/moments/">https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/staging-education/moments/</a>.

## **UPCOMING CONFERENCES**

#### SAVE THE DATE



Arkansas Immunization Action Coalition will host its annual Immunization Summit on Friday, August 8, 2025.

The Immunization Summit is an annual educational event for immunization leaders and healthcare providers from around the state of Arkansas, and the region, who have an interest in addressing and improving immunization issues. This year's event will be held at Wyndham Hotel in North Little Rock.

More information is forthcoming. For updates, go to <a href="https://www.immunizear.org/">https://www.immunizear.org/</a>.

Still thinking about registering for the National Cancer Registrars Association (NCRA) Annual Educational Conference? Early bird registration ends March 20, 2025. The conference registration brochure has a <u>Justification Letter template</u> available for use, as well all other information for the conference.

#### **Event Details**

- Conference Dates: May 3-6, 2025
- Location: Renaissance Orlando at SeaWorld®
- 6677 Sea Harbor Drive, Orlando, FL 32821



Registration information: <a href="https://www.ncra-usa.org/Conference/2025-NCRA-Annual-Conference">https://www.ncra-usa.org/Conference/2025-NCRA-Annual-Conference</a>

ACCR's Director, Lindsay Collins, and Cancer Surveillance Manager, Daniela Ramirez Aguilar will be attending in person! Daniela will be presenting an educational poster and Lindsay will have an NPCR Success Story poster displayed. We hope to see you there!



This year's HPV Summit will be held in North Little Rock, AR. Early bird registration ends April 5, 2025.

## Registration information:

https://immunizear.salsalabs.org/2025hpvsummit/index.html

#### **Event Details**

- Summit Date: May 25, 2025
- Location: Wyndham Riverfront Hotel
- 2 Riverfront Place, North Little Rock, AR 72114

The North American Association of Central Cancer Registries (NAACCR) will host its 2025 Annual Conference in Hartford, CT!

The theme this year is 90 Year of Excellence: Honoring the Past, Embracing the Future. The NAACCR conference is a great opportunity to learn more about the work of central cancer registries, central cancer registry ODS', and about national standards.

### **Event Details**

- Conference Dates: June 3-5, 2025
- Location: Connecticut Convention Center + Marriott Hartford Downtown
- 100 Columbus Blvd, Hartford, CT 06103

For more information, go to <a href="https://www.naaccr2025hartford.com/">https://www.naaccr2025hartford.com/</a>.



# **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 monthly virtual office hour! Please dial in with your questions and ACCR will be happy to assist you.



#### **March 2025**

Date: March 13, 2025

Time: 12:00 PM – 1:00 PM CST Platform: Microsoft Teams

Meeting ID: 231 050 380 873 Passcode: zB324m3v

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# **April 2025**

Date: April 17, 2025

Time: 10:00 AM - 11:00 AM CST Platform: Microsoft Teams

Meeting ID: 256 999 097 276

Passcode: W6n7en2i

1-501-244-3310, 208180976#

#### **ETC CORNER**

Leonardo da Vinci said, "Learning never exhausts the mind." With this statement, I can confirm Mr. da Vinci was never a Cancer Registrar. In all fairness, Mr. da Vinci was a painter, draughtsman, engineer, scientist, theorist, sculptor, and architect. His inventions, such as the flying machine and adding machine, his medical drawings, and his curiosities were ahead of his time. I'd like to think Cancer Registrars are also innovative thinkers as well. Since the first Cancer Registry was established in New Haven Connecticut in 1926, Cancer Registrars have been at the forefront of cancer research. Our carefully curated data has helped make strides in cancer treatment, screening and prevention. As a Cancer Registrar, we often find it challenging to determine if treatment is new for specific types of cancer or if the standard of care has changed over the years. Oftentimes, what we think we know about a specific cancer treatment may no longer be true and may require further research and extensive time reviewing the EMR. This can be exhausting. One tool that ensures not only that physicians are offering patients the standard of care, but that cancer registrars are capturing all treatment is the NCCN Guidelines. The NCCN guidelines are a great way for Cancer Registrars to expand their knowledge of treatments for all types of cancer. This website tool is free, but it does require registration. Whether you are a new or seasoned Cancer Registrar, it is highly recommended you register and utilize this great resource. Cancer Registrars can select the cancer site/histology, and determine which treatments are available by stage or extent of disease. With this valuable information, Cancer Registrars will stay a step ahead recording treatments, and will familiarize themselves with specific treatments by site, in turn providing more accurate and complete abstracts. Never stop the learning process and remember to visit National Comprehensive Cancer Network (NCCN) at https://www.nccn.org/ Home and sign up today! Treatment Guidelines can be found under the "Guidelines" tab, and then "Treatment by Cancer Type". Thank you to all the Cancer Registrars out there who dare to learn and expand their knowledge for clean data, and better patient outcomes. You are all truly appreciated!

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

Source: https://www.inc.com/kevin-daum/20-quotes-from-leonardo-da-vinci-to-inspire-you.html\_

#### **ACCR UPDATES**

## **Facility Contact & ODS Information**

Don't forget to submit your updated facility contact and case counts via this <u>survey link</u> by March 31, 2025. A complete list of requested information for the survey can be found in the <u>February 2025 Monthly Newsletter</u>.

Click the Survey Link or enter this address into your web browser.

https://forms.office.com/Pages/ResponsePage.aspx?id=I95moBGX5E2HJUMaOevK-zjdymR-Xb1OsjMfK2gfLIFUQTgxTU4xMUtDSE9ORjNTTEJKMVpVMkszRC4u

#### **DIRECTOR'S NOTES**

Wow, can you believe that it is already March? We are almost through the first quarter of 2025 and have been very busy here at ACCR. Last month I thanked you all for submitting consistent, accurate, and complete data. I have been impressed at the work being put in to ensure your abstracts are submitted to us each month, following the At-A-Glance timeline in the 2024 Hospital and Non-Hospital Reporting Manual. We will have an updated manual for 2025 soon! I have been contacted by several registrars recently inquiring about submitting 2025 cases to us via Web Plus. That is amazing! At this time, Web Plus has not been updated to accept NAACCR v25 cases. ACCR updates Web Plus with the latest version in June each year. We prefer that you wait until June 2025 to begin submitting your 2025 cases so they can go through all of the necessary edit checks; however, if you need to submit cases now, you may submit them as Non-NAACCR format. Unfortunately, Web Plus does not have the option for you to edit an abstract once it has been submitted. If there are errors with the abstract, ACCR will conduct follow-back processes and may request that you resubmit the abstract depending on edit errors. I personally talked to the CDC Cancer Informatics team who developed and maintains the Web Plus software program about abstractors having the ability to update cases with treatment and follow-up information. I understand how inefficient and frustrating it can be to reabstract cases when there are only minor changes to the abstract or the case was submitted prior to treatment being initiated. The CDC Cancer Informatics team has advised that they are considering an enhancement for NAACCR v26 related to updating abstracts in Web Plus! I hope this comes to fruition!

I would also like to share some information with you all about the Arkansas Cancer Registrar's Association (ArCRA). This association is a not-for-profit professional organization that represents members with careers or skills related to cancer surveillance, cancer registry, or cancer control activities. ArCRA is a great place to connect with local cancer registrars and to learn more about the cancer registry profession. It can also offer your facility valuable resources related to education, an opportunity to reach local registrars seeking employment, or provide information on ODS contracting companies. Contact <a href="mailto:arcra.treasurer@gmail.com">arcra.treasurer@gmail.com</a> for membership information!

Sincerely, Lindsay M. Collins, MPA, ODS-C Registry Director lindsay.collins@arkansas.gov

# **Questions?**

Check out our updated Frequently Asked Questions on the ADH website! <a href="https://healthy.arkansas.gov/wp-content/uploads/FAQs\_about\_ACCR.pdf">https://healthy.arkansas.gov/wp-content/uploads/FAQs\_about\_ACCR.pdf</a>

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 <a href="mailto:clint.lemons@arkansas.gov">clint.lemons@arkansas.gov</a>.

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. <a href="https://adhcancer.arkansas.gov/">https://adhcancer.arkansas.gov/</a>

For all other questions or for more information on the Arkansas Central Cancer Registry, email us at <u>ADH.ACCR@arkansas.gov</u>. We look forward to hearing from you!



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

Arkansas Department of Health 4815 W. Markham, Slot 7 Little Rock, AR 72205 healthy.arkansas.gov / 1-800-462-0599