

ARKANSAS CENTRAL CANCER REGISTRY

March 2026 Monthly Newsletter



COLORECTAL CANCER



March is National Colorectal Cancer Awareness Month

Early-onset colon cancer is defined as a diagnosis occurring before the age of 50, and rates are increasing among younger populations worldwide. While a genetic component is the underlying cause in approximately 20% of cases, early detection remains critical. Symptoms are often mistaken for less serious conditions, making awareness especially important. Warning signs may include persistent stomach pain, unexplained tiredness or weakness, unintentional weight loss, rectal bleeding, and changes in bowel habits.

<https://www.mayoclinic.org/diseases-conditions/colon-cancer/in-depth/early-onset-colon-cancer/art-20583551>

You can show your support throughout the month by wearing a blue ribbon on your clothing or outerwear, adding one to a bag, displaying a decal on your car, placing a magnet on your refrigerator, or finding other creative ways to spread awareness.

Wear Blue and Make a Difference: Join Us in Spreading Awareness

Have you ever enjoyed a casual dress day or wearing jeans to work on a Friday? These relaxed and comfortable days are something many of us look forward to. On **Friday, March 6th**, we encourage everyone to take part in Dress in Blue Day, a meaningful opportunity to raise awareness of colorectal cancer.

Dress in Blue Day began with a stage IV colorectal cancer patient who had lost both a close friend and her father to the disease. In 2006, Anita Mitchell-- a Colorectal Cancer Alliance volunteer, member of the Never Too Young Advisory Board, and founder of Colon Cancer Stars—introduced the idea at her children’s school as a day of recognition wearing blue. In 2009, her idea was presented to the Colorectal Cancer Alliance and has since been celebrated annually on the first Friday in March.

<https://colorectalcancer.org/get-involved/advocate/colorectal-cancer-awareness-month/dress-blue-day>

Participation in Blue Day on March 6th, as well as sustained support throughout March, conveys a consistent message of care and solidarity for individuals affected by colorectal cancer and their families.



DID YOU KNOW

Ambiguous terminology is not used for AJCC* staging

Ambiguous terms are not defined by the AJCC* for use in staging. Physician documentation and treatment choices as well as review of the entire case is utilized to interpret words for cancer involvement. Analysis of NCCN guidelines relative to planned therapy also assists in the overall determination of involvement.

Example: A breast primary MRI* suggests, axillary lymph node involvement. Preoperative systemic therapy is the standard of care per NCCN* guidelines for clinical node positive disease. The medical oncologist treatment plan with the primary surgeon does not include preoperative therapy. Patient goes on to have surgery without neoadjuvant therapy. Therefore, the clinical nodal decision based on the lack of preoperative therapy would be cN0.

MONTHLY ABTRACTOR TIPS

Spotlight: Diagnostic Confirmation

For this data item, you are coding the most definitive method used to diagnose cancer. Many cancer diagnoses are confirmed via a tissue specimen, as defined for code 1. Guidelines for coding diagnostic confirmation are provided in the following manuals: note that this information is available in both the Hematopoietic Database and the applicable manual.

STORE*	SEER* PROGRAM CODING AND STAGING	HEMATOPOIETIC AND LYMPHOID NEOPLASM CODING DATABASE	HEMATOPOIETIC AND LYMPHOID NEOPLASM CODING MANUAL
Solid and Hematopoietic or Lymphoid Tumors	Solid and Hematopoietic or Lymphoid Tumors	Hematopoietic or Lymphoid Tumors only	Hematopoietic or Lymphoid Tumors only

Note: There is no priority hierarchy for coding Diagnostic Confirmation for hematopoietic and lymphoid tumors.

Code 1: Diagnosis by microscopic tissue (histologic confirmation) specimen from a biopsy procedure, frozen section, surgical specimen, autopsy or D & C or from aspiration of biopsy or bone marrow specimens. **For hematopoietic malignancies, Code 1 includes peripheral blood smear.**

Code 3: Diagnosis by histologic confirmation **with** positive immunophenotyping and/or genetic test results.

***Used only for hematopoietic and lymphoid neoplasms M-9590/3-9993/3.**

Includes: peripheral blood smear followed by flow cytometry

Certain histologies will ALWAYS be code 3, given the only way they can be diagnosed is via genetic testing.

Other histologies will NEVER be code 3, as they are non-specific with neither genetic testing nor immunophenotyping included in the Definitive Diagnostic Methods listed in the Hematopoietic Database.

For a listing of these codes please see the Hematopoietic and Lymphoid Neoplasm Coding Manual, Diagnostic Confirmation codes, Code 3: Positive histology PLUS positive immunophenotyping or genetic testing section.

*See ABBREVIATIONS & ACRONYMS page.

Case example #1: Patient presents to dermatologist office for shave biopsy of lesion on left arm. Pathologic examination of the tissue specimen provides microscopic histologic confirmation of invasive superficial spreading melanoma. Diagnostic confirmation is code 1, Positive histology.

Case example #2: A peripheral blood smear followed by flow cytometry is performed with a diagnosis rendered as Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL). A positive peripheral blood smear alone qualifies for code 1, however with positive flow cytometry, apply code 3. Diagnostic confirmation is code 3.

***Flow cytometry is generally performed based on an abnormal blood smear. If unable to find documentation of a smear prior to flow cytometry, assume it was performed and assign code 3.**



Focus Area: Site-Specific Data Items—Prostate

Important updates were made to the Site-Specific Data Item (SSDI) Manual, Version 3.3 for prostate.



Number of Cores Positive/Number of Cores Examined—Region of Interest (ROI) instructions added

As more prostate gland MRI* imaging procedures are performed for diagnosis and staging purposes related to prostate cancer, targeted or ‘region of interest’ biopsies have increased as well. An update has been added to the SSDI Manual, v3.3, which provides instructions for coding both number of cores positive and examined with relation to any identified region of interest biopsy cores.

Number of Cores Positive Example: Standard/systemic core biopsy performed + **single** targeted biopsy done (ROI)

Standard/Systemic Core Biopsy	Targeted (ROI) Biopsy	Number of Cores Positive
2 of 16 cores (+)	ROI 1: 6 of 8 cores (+)	2 standard cores(+) + ROI 1 (+) 1 core = 3 cores (+)
Count as usual: 2 cores (+)	 Each ROI is counted as a single core. Count as 1 core (+) 	Code Cores Positive: 03

Number of Cores Positive Example: Standard/systemic core biopsy performed + **multiple** targeted biopsies (ROIs)

Standard/Systemic Core Biopsy	Targeted (ROI) Biopsy	Number of Cores Positive
3 of 8 cores	ROI 1: 5 of 11 cores ROI 2 : 7 of 10 cores	3 standard cores (+) + ROI 1(+) + ROI 2 (+) 1 core each = 5 cores (+)
Count as usual: 3 cores (+)	 ROI 1 = 1 core (+) ROI 2 = 1 core (+) Total ROI cores (+): 2 	Code Cores Positive: 05

Apply the same process for Number of Cores Examined—count each ROI, regardless of the number of ‘cores’ stated, as 1 individual core.

*See ABBREVIATIONS & ACRONYMS page.

Prostate Specific Antigen (PSA) Lab Value

A change has been made to PSA coding criteria. This update applies to cases diagnosed 2018+, but there is no need to review and update prior cases.

DIAGNOSTIC BIOPSY DONE	NO DIAGNOSTIC BIOPSY DONE (OR UNKNOWN)
Record the last PSA lab value done prior to AND within 3 months of the diagnostic biopsy	Record the last PSA lab value done within 3 months of the date of diagnosis or additional confirmatory testing when no diagnostic biopsy is done, or unknown if diagnostic biopsy is done

EXAMPLE:

DATE OF PSA	PSA LAB VALUE	CLINICAL WORKUP	CODE	RATIONALE
04/18/25 10/02/25	9.3 ng/ml 9.4 ng/ml	<ul style="list-style-type: none"> MRI consistent with prostate cancer on 5/6/25 Biopsy confirms prostatic adenocarcinoma on 11/03/2025 	PSA Lab Value: 9.4	There was a diagnostic biopsy performed on 11/3/2025. Therefore, code the last PSA lab value done prior to and within 3 months of the biopsy.

ACCR EDUCATIONAL WEBINAR SERIES



Topic: Ambiguous Terminology
Presenter: Janet Raleigh, ODS-C*

Date/Time: April 14, 2026 @ 12 pm CST.
Registration via: [FLccSC](#)*



The April webinar presentation will focus on examples of how ambiguous terminology is used across various instructional manuals. As always, each ACCR webinar provides an opportunity to 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.

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 **September 30, 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
August 2025	February 2026	August 2026	September 1
September 2025	March 2026	September 2026	October 1
October 2025	April 2026	October 2026	November 1

UPCOMING CONFERENCES AND EVENTS

A Public Health Conference hosted by Arkansas Chronic Disease Coordinating Council, Arkansas Society for Public Health Education, and Arkansas Public Health Association

April 9 & 10, 2026

At the North Little Rock Event Center. Please visit www.arsophe.org/2026conference or scan the QR code above for more information.

SAVE THE DATE
JUNE 4-7, 2026
"PATHWAYS TO FOOD SECURITY"
 Localizing Solutions
AMERICAN COMMUNITY GARDENING ASSOCIATION CONFERENCE
 LITTLE ROCK, ARKANSAS

OFF TO THE RACES
ACCELERATING EXCELLENCE IN ONCOLOGY DATA
 May 5-8, 2026 | Louisville, Kentucky

NAACCR Virtual Conference

The North American Association of Central Cancer Registries (NAACCR) 2026 conference will be virtual June 23-25, 2026!

*See ABBREVIATIONS & ACRONYMS page.

ETC CORNER

As we move into the third month of the new year, change continues—both in our personal lives and in our professional work. Each year, updates are made to many of the instructional manuals we rely on daily to accurately code vital cancer patient information. These ongoing changes reflect our continued commitment to providing high-quality data that supports research and contributes to improved outcomes across the cancer patient journey.

Continuing education plays a critical role in maintaining the accuracy, consistency, and overall success of the data we collect. Understanding and correctly applying annual updates and new coding instructions is essential to this effort.

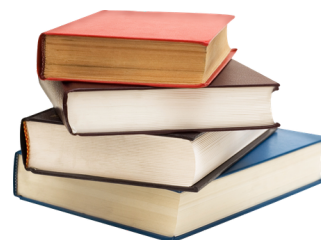
You have an excellent opportunity to learn, refresh your knowledge, and enhance your skills by taking advantage of the wide range of educational resources available through the **Fundamental Learning Collaborative for the Cancer Surveillance Community (FLccSC)** system. In addition, the **bi-monthly ACCR webinar presentations** are available and offer valuable insights and guidance. Some of these presentations include **ACCR Abstracting Guides, Breast Coding, Melanoma, Text Review** and, most recently, Year in Review and last month's addition "**Where Do I Find That?**". Each presentation is packed with information, examples and of course 1 category 'A' CE credit, all available to you FREE! It is highly encouraged and recommended you take advantage of the wealth of information to continue your journey in education, utilizing the FLccSC system.

To create an account, register here: [FLccSC](#).

Sincerely,

Janet Raleigh, ODS-C*

Education & Training Coordinator



ACCR UPDATES

The annual facility information update survey is now available online. We only need one submission per facility. Please get with your team to designate a point of contact (POC) for ACCR. The POC should be the individual to complete the online survey. Surveys must be submitted to ACCR by **11:59 PM on March 31, 2026**.

An email with the link was sent out to all facilities. If you did not receive the link the please email us at adh.accr@arkansas.gov to request the survey link.

[Click here to access the 2026 ACCR Facility Survey!](#)

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

AJCC – American Joint Commission on Cancer

CE – Continuing Education

CEO – Chief Executive Officer

CLL/SLL – Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma

FLccSC – Fundamental Learning Collaborative for the Cancer Surveillance Community

ICD – International Classification of Diseases

MRI – Magnetic Resonance Imaging

NCCN – National Comprehensive Cancer Network

ODS – Oncology Data Specialist

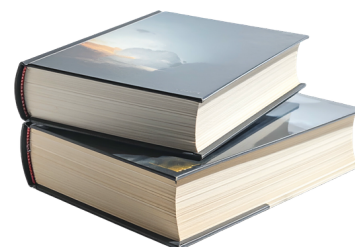
ROI – Region of interest

SEER – Surveillance, Epidemiology, and End Results Program

SSDI – Site-Specific Data Item

STORE – Standards for Oncology Registry Entry

WHO – World Health Organization



Division of Public Health Practice | Vital Records & Statistics Branch

Arkansas Central Cancer Registry

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