

# ARKANSAS CENTRAL CANCER REGISTRY

May 2026 Monthly Newsletter



## May is National Cancer Research Month



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Cancer registries play a vital role in the fight against cancer by collecting, analyzing, and maintaining accurate data on cancer diagnoses, treatments, and outcomes. This information is essential for advancing research, improving patient care, guiding public health decisions, and shaping effective cancer prevention and control programs. During National Cancer Research Month, we proudly recognize the dedicated professionals whose meticulous work ensures the quality and reliability of this data. Their commitment behind the scenes drives progress in understanding cancer and ultimately helps save lives.

At times, annual updates to manuals, extensive revisions, and the ever-evolving landscape of data collection standards and guidelines can feel daunting and frustrating. However, these changes serve an important purpose. The more detailed and refined the data we collect, the more it reflects the tireless efforts being made every day within research communities—both large and small.

Being part of this process—contributing to the pieces of a larger puzzle that impacts each patient's journey—is truly a privilege. May we all continue to strive for excellence and remain dedicated to collecting comprehensive, high-quality data. By doing so, we empower the research community with the best possible information to deepen understanding, improve treatments, enhance patient care, and support the development of prevention strategies and greater environmental awareness.



### DID YOU KNOW

#### **AJCC\*: Salivary Gland and HPV\*-Associated Oropharyngeal Carcinoma, Version 9 protocols**

Effective January 1, 2026, all Salivary gland and HPV\* associated Oropharyngeal carcinomas are to be staged using the AJCC\* Version 9 protocols. The corresponding CAP\* Cancer Protocols were released in March 2026.



\*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 **November 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
October 2025	April 2026	October 2026	November 1
<b>November 2025</b>	<b>May 2026</b>	<b>November 2026</b>	<b>December 1</b>
December 2025	June 2026	December 2026	January 1

## UPCOMING CONFERENCES AND EVENTS



Registration is officially open  
**Pathway to Food Security**  
*Localizing Solutions*

**LOCATION**  
 Little Rock Marriott Hotel  
 3 Statehouse Plaza  
 Little Rock, Arkansas 72201

AMERICAN COMMUNITY GARDENING ASSOCIATION  
*National Conference*  
 JUNE 4-7, 2026 | LITTLE ROCK, AR



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

Conference Info: The 2026 conference will provide attendees with the opportunity to learn from national experts in cancer surveillance, cancer registry operations, and cancer research. Sessions will explore the new era in cancer surveillance from multiple perspectives in North America.

[Click here for more info!](#)



**ArCRA 50th Annual Educational Conference**  
 Little Rock, AR  
 Delta Hotels by Marriott



**50th Anniversary Reception**  
 Wednesday, September 30<sup>th</sup>

**Educational Conference**  
 Thursday, October 1<sup>st</sup> & Friday, October 2<sup>nd</sup>

Details coming soon – [www.arcra.org](http://www.arcra.org)

\*See ABBREVIATIONS & ACRONYMS page.

## ACCR EDUCATIONAL WEBINAR SERIES



**Topic:** Visual editing, text review  
**Presenter:** Janet Raleigh, ODS-C\*

**Date/Time:** June 9, 2026 @ 12 pm CST.  
**Registration via:** [FLccSC\\*](#)



Within the June webinar presentation, examples of abstract visual editing and text review will be provided. 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.

## MONTHLY ABSTRACTOR TIPS

### Spotlight: Solid Tumor Rules 2026 Update - Breast

The most recent updates to the Solid Tumor Rules were released in December 2025. As always, please ensure you are using the current coding manual for the corresponding diagnosis year(s). The Solid Tumor Rules 2026 update is applied to diagnosis years 2018+. Also, as a friendly reminder, as soon as the most recent update is released, you should immediately start applying the updates provided. You do not need to go back and make changes to previously abstracted cases.



There is a major rule change in the M rules for multiple primaries. Previously a single primary was abstracted when multiple, separate/non-contiguous tumors of carcinoma NST\*/duct and lobular were present. Currently, at any time there is a ductal in one tumor and lobular in another, they are coded as separate primaries.

Let us review an example.

**Case Example:** A 54 YO\* female has US\* guided biopsy performed on a 1.2cm\* mass as well as a 0.8cm mass in the right breast, UOQ\*. Path report indicates specimen A, 1.2cm mass biopsy diagnostic of invasive ductal carcinoma with specimen B, 0.8cm mass biopsy diagnostic of invasive lobular carcinoma.

Specimen	Histology	Histology Code	Table 3 Row	M Rule
A	Invasive Ductal Carcinoma or IDC	8500	5	13
B	Invasive Lobular Carcinoma or ILC	8520	9	

**M13:** Abstract multiple primaries when separate/non-contiguous tumors are:  
On different rows in Table 3 in the Site-group Instructions

\*See ABBREVIATIONS & ACRONYMS page.

## Focus Area: Primary site determination, Ovary vs. Fallopian Tube

Annually, on May 8, **World Ovarian Cancer Day** is observed to raise global awareness about **ovarian cancer**. This important day highlights the need for greater understanding of the disease, including its symptoms, risk factors, and the challenges associated with early detection.

In alignment with **National Cancer Research Month in May**, the emphasis on advancing research is especially significant. Continued investment in research is vital to improving early diagnosis, developing more effective treatments, and ultimately enhancing survival rates and quality of life for those affected. Together, awareness and research efforts play a crucial role in driving progress against ovarian cancer.



Review pathology reports carefully for a designation of primary site by the pathologist or other physician. According to the NAACCR 2023-2024 Monthly Webinar Series – Ovary 2024, that designation would take precedence over SEER coding rules that cite any indication of fallopian tube involvement indicates a tubal primary.

### SEER\* Program Coding and Staging Manual Coding Instructions for Solid Tumors

- ‘When the choice is between ovary, fallopian tube, or primary peritoneal washing **without designation** of the site of origin, any indication of fallopian tube involvement indicates the primary tumors is a tubal primary’

**Example:** Total hysterectomy with bilateral oophorectomy, omentectomy, path diagnosis: Bilateral tubo-ovarian, high grade serous carcinoma, involving ovary and fallopian tube



- Pathologist states ovarian primary
- Given this **designation** by the pathologist, the instructions to code fallopian tube are no longer applicable
- Primary site = C56.9

## Focus Area: Ovary, Site Specific Data Item (SSDI) – FIGO\* Stage



### SSDI Manual v3.3 FIGO Stage

- There **must** be a statement about FIGO \* stage from the managing physician in order to code this data item
- Do NOT code stage based on path report
- Do NOT code based only on T, N, M
- If ‘FIGO’ is not included, do not assume it is FIGO

**Example:** High grade serous carcinoma involving ovaries, pathologic stage, pT2b (FIGO IIB), pN0 stated on path report  
Managing physician stage: Stage IIB

- SSDI FIGO\* Stage = 99
- FIGO\* stage not assessed or unknown if assessed
- The managing physician did not state his stage assignment as FIGO\*

\*See ABBREVIATIONS & ACRONYMS page.

## ETC CORNER

This month, I have the privilege of attending the National Cancer Registrars Association (NCRA) Annual Conference in Louisville, Kentucky. Opportunities to participate in a national conference like this are truly invaluable. The event brings together an impressive lineup of speakers and educational sessions, all within a shared space filled with resolute professionals—many of whom have become trusted colleagues and friends through our shared work in cancer registry.

While the educational content remains at the heart of the conference, the relationships built and strengthened during this time are equally meaningful. Whether reconnecting in the exhibitor hall, engaging in thoughtful discussions after sessions, or enjoying dinner and informal activities at the end of the day, these moments foster a sense of camaraderie that extends beyond the workplace. They provide space to reflect on what we have learned, exchange ideas, and simply appreciate one another's company.

It is my hope that each of you will have the opportunity to attend a live, in-person educational conference—whether it be NCRA, a state association meeting, or a nearby regional event. While virtual learning offers clear advantages in accessibility and convenience, the value of in-person connection and shared experience is truly unmatched.

Sincerely,  
Janet Raleigh, ODS-C\*  
Education & Training Coordinator

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## DIRECTOR'S NOTES

This year has progressed quickly. I can't believe it is already May! As we gear up for the summer, ACCR will begin its death clearance process. Over the next couple of months, facilities will begin receiving follow-back requests for any death certificate only record that ACCR received for the 2024 diagnosis year. If ACCR did not receive an abstract from a facility, but the death certificate indicated a reportable cancer as a cause of death, then ACCR must follow-back to the facility or certifier listed on the death certificate to obtain the information required to code the cancer properly.

If you have questions or would like to learn more about the death clearance process, the North American Association of Central Cancer Registries (NAACCR) has their own death clearance manual that provides insight into how central registries may perform death clearance. You can find more information here:

<https://www.naacr.org/registry-operations-guidelines/#1645193066827-63831a58-139d>.

I also want to sincerely thank each of you for your hard work over the years. It has been a pleasure working together, and I'm especially grateful for the chance to connect with many of you in person at conferences and meetings. I will be leaving my role as ACCR Director in June, and I'm confident that the transition will go smoothly.

I wish you all the best and for future success.

Sincerely,  
Lindsay M. Collins, MPA, ODS-C\*  
Registry Director

\*See ABBREVIATIONS & ACRONYMS page.

## QUESTIONS?

Check out our Frequently Asked Questions on the ADH website!

[https://healthy.arkansas.gov/wp-content/uploads/FAQs\\_about\\_ACCR.pdf](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](https://healthyar.info/accr)

Need assistance getting set up with cancer case reporting or are you experiencing issues with Web Plus?

Email [ADH.ACCR@arkansas.gov](mailto: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 [ADH.ACCR@arkansas.gov](mailto:ADH.ACCR@arkansas.gov)

For all other questions or for more information on the Arkansas Central Cancer Registry, email us at [ADH.ACCR@arkansas.gov](mailto:ADH.ACCR@arkansas.gov). We look forward to hearing from you!

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## ABBREVIATIONS & ACRONYMS

ACCR – Arkansas Central Cancer Registry

ADH – Arkansas Department of Health

AJCC – American Joint Committee on Cancer

CAP – College of American Pathologists

CE – Continuing Education

CEO – Chief Executive Officer

CM - Centimeters

ETC – Education & Training Coordinator

FIGO – International Federation of Gynecology and Obstetrics

FLccSC – Fundamental Learning Collaborative for the Cancer Surveillance Community

HPV – Human Papillomavirus

ICD – International Classification of Diseases

IDC – Invasive Ductal Carcinoma

ILC – Invasive Lobular Carcinoma

NAACCR – North American Association of Central Cancer Registries

NCRA – National Cancer Registrars Association

NST – No Special Type

ODS – Oncology Data Specialist

SEER – Surveillance, Epidemiology, and End Results Program

SSDI – Site-Specific Data Item

UOQ – Upper Outer Quadrant

VS - Versus

YO – Year old





**Division of Public Health Practice | Vital Records & Statistics Branch**  
**Arkansas Central Cancer Registry**

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