ARKANSAS CENTRAL CANCER REGISTRY

October 2024 Monthly Newsletter

OCTOBER IS THE MONTH FOR BREAST CANCER AWARENESS RECOGNITION.





Nipple Sparing Mastectomy, AKA Subcutaneous Mastectomy



Patient breast tissue

A Nipple Sparing Mastectomy is a surgical procedure that removes all breast tissue but preserves the nipple areolar complex and breast skin. Can be performed with and without sentinel node biopsy of ALND (axillary lymph node dissection). NOT the same as a Skin Sparing Mastectomy.

Surgery codes, diagnosis years > = 2024

B400 Nipple-sparing mastectomy B410 WITHOUT removal of uninvolved contralateral breast B420 WITH removal of uninvolved contralateral breast

*Review additional codes and descriptions by clicking this link: SEER PROGRAM CODING AND STAGING MANUAL, APPENDIX C



Implanted breast

ACCR EDUCATIONAL WEBINAR SERIES

Topic: 2024 Manual Updates Review Part II

Presenter: Janet Raleigh, ODS-C

Date/Time: November 12, 2024 @ 12 pm CST

Registration via: FLccSC

Upon completion of this course, attendees will be able to show an in-depth understanding of the updates/changes within the multitude of resource standard setter manuals applied while abstracting.

Please contact the Educational Training Coordinator, Melissa Chapman or Educational Content Manager, Janet Raleigh with any questions or suggestions of topics for future webinars you'd like considered for presentation.

Melissa.Chapman@Arkansas.gov or Janet.Raleigh@Arkansas.gov



MONTHLY ABSTRACTOR TIPS

1. Targeted Axillary Breast Dissection (TAD)

- Included in NCCN Guidelines for cT1-T3 N1(f) M0
- A tattoo or clip marker is placed to later identify the positive node
 - After neoadjuvant therapy given, pre-surgical imaging performed for therapy response assessment
 - o For ycN0: A radioactive iodine-125 or magnetic seed (Magseed) inserted in prior positive node for easy identification and removal at time of surgery
 - Dual tracer Sentinel Lymph node biopsy (SLNBx) performed; at least 3 SLNs should be removed
 - Other nodes in the area may also be 'selectively' removed
 - o If nodes are negative on frozen section, an Axillary Lymph Node Dissection is not necessary
- Scope of Regional Lymph Node Surgery = 2, Sentinel Lymph Node Biopsy
- All nodes removed are coded as Sentinel Lymph Nodes in SLN Positive/Examined fields

2. Thyroid LVI coding

- · Code 1 is not available
- Differentiate between lymphatic and blood vessel invasion
 - If only lymphatic Code 2
 - If only blood vessel/angio Code 3
 - If both Code 4

3. Palliative Care - Pain Meds only

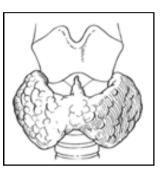
- For recommendations of pain meds only in a palliative nature, apply coding as follows:
 - Palliative Care (Palliative Procedure) Code 4
 - 'Morphine' or other pain medication is NOT coded in the Other Treatment field

4. Palliative Care - Multiple options presented, patient opts for NO treatment

- For in-home hospice only, apply coding and text as follows:
 - Palliative Care (Palliative Procedure) Code 7
 - Do not apply code 7 if other treatment given, either curative or palliative
- **5. Bladder Coding: EOD Primary tumor** Invasion of the muscularis propria, superficial muscle (inner half) or deep muscle (outer half):
- TURBT cannot determine muscle invasion to inner or outer half
- Distinction can only be made when a cystectomy is performed
 - If TURBT only with statement, 'invasion of muscularis propria', apply code 370
 - If TURBT only with pathologist/physician documentation of superficial or deep muscle, apply code 370 or 400 as appropriate
 - If CYSTECTOMY, apply codes 200, 250, 300 or 350, these codes are not to be used for TURBT

6. Manuals and reference materials

- Routinely check for updates, and correct versions are being used for all manuals and resources
- STORE manual last updated 05/29/2024



Arm Lymphatics

Thoracodorsal Vessels and Nerve

Long Thoracic Nerve

ACCR WEBINAR SERIES - REVIEW

Thank you for your continued viewing of the ACCR Webinar Series, 2024 presentations in *FLccSC*! There are currently four ACCR Webinars available in *FLccSC*. Two more ACCR educational opportunities will be available in November and December. Each webinar will offer 1 CE hour each.

Please contact us with any questions or content suggestions, we'd love to hear from you!

What is FLccSC?

FLccSC is the Fundamental Learning Collaborative for the Cancer Surveillance Community. With a *FlccSC* account you have access to numerous NAACCR webinars, ACCR webinars, as well as other educational resources and opportunities for continuing education credits.

Four California Q-Tip's have been recently added to the educational opportunities in *FLccSC* as well. These Q-tips are educational handouts developed to provide educational topic specific quality tips for primary site, individual data items, histology codes, disease characteristics, etc.

Register for a FLccSC account today to take advantage of all this great information and to obtain CE's!

Click here: FLccSC ACCOUNT REGISTRATION

ABSTRACTOR UPDATES

The **AJCC** has transitioned from Editions to Versions for updates and release of Cancer Staging content. Updated Version 9 disease sites went into effect on January 1, 2024. Also launched was **AJCC Staging Online!**

For more information on the new AJCC Staging Online subscription, click here: <u>AJCC Online Subscription</u>.

QUICK TIP To search AJCC online, use CTRL+F. You will need to re-apply the search in individual sections, it only works in the current open section being viewed. There is also an app available for download. It is recommended to pin the app to your taskbar for easy access. Sign into the app and save your sign-in credentials, the app will work just like the browser version.

The AJCC Online Cervix chapter provides an informational table representing common approaches to staging and workup. The table is meant for use as a tool to identify how each test contributes to the determination of the T, N, M categories and Stage.

Diagnostic Workup	Description Specific contribution to TNM cate		
Biopsy	Microscopic confirmation	T1a-T4	
Endocervical curettage	Microscopic confirmation T1a-T1b		
lmaging	Description	Specific contribution to TNM category	
СТ	CT C/A/P for T1b-T4	T1b-T4, N0-2; T1a not seen on imaging	
Intravenous urography (IVP)	Hydronephrosis	T3b	

*This is not a complete table.

Within the contents of each chapter, a section titled Explanatory Notes is provided. Information on Histopathologic Type, Grade, Clinical examination, imaging and more is discussed as applicable.



The *Afirma Gene Expression Classifier* for the thyroid is a test group of molecular markers in thyroid biopsy specimens used to determine the likelihood that a thyroid nodule is benign or cancerous.

- 90% sensitivity
- 90% of all malignant nodules return 'suspicious'
- · Benign results
 - o Avoid unnecessary surgery by identifying truly benign patients
- Suspicious results
 - o Informed surgery and treatment decisions

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 **April 30, 2024**, should have been reported to ACCR. If you still have cases remaining from this period, report them immediately. Cases should be reported via WebPlus.

Month	Abstract due to ACCR	Recommended Month Facility conducts Patient Follow-up	Follow-Up and Case Update sent to ACCR
March 2024	September 2024	March 2025	April 1
April 2024	October 2024	April 2025	May 1
May 2024	November 2024	May 2025	June 1

ETC CORNER

2025 is just around the corner and with it comes a new set of manuals. In summary, AJCC will introduce a few new chapters (version 9) for staging, a new STORE Manual 2025 is in the works, NAACCR v25 edits will be implemented, a couple new SSDI's, a few deleted data items, and a few revised fields. It is important to keep up to date on any new or revised manuals in the coming year. Here are some reminders:

- Many of the manuals are 'updated' and require their use in place of previous versions for all cases abstracted for diagnosis year 2018 and forward (Solid Tumor Rules, Grade Manual, SEER Summary Stage 2018)
- Some new versions of manuals are only required for the specified diagnosis years (STORE 2025, AJCC v9)
- SEER*RSA site provides coding instructions for many data fields but should be utilized for diagnosis year
 2018+ (select correct version); the site will tell you which diagnosis years specific SSDI's are required

ACCR UPDATES

The ACCR Required Data Items list and the ICD-10 Reportable list will be updated and posted to the ACCR utilities website in October. The ACCR Required Data Items list is effective for 2025 diagnoses beginning January 1, 2025. The ICD-10 Reportable List will be effective 10/01/2024 through 09/30/2025.

Questions?

Check out our updated 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!

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 clint.lemons@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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