# ARKANSAS CENTRAL CANCER REGISTRY

**September 2024 Monthly Newsletter** 



# SEPTEMBER IS THE MONTH FOR PROSTATE, CHILDHOOD, BLOOD AND OVARIAN CANCER AWARENESS RECOGNITION.







#### SIMPLE vs. RADICAL PROSTATECOMY

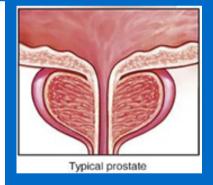
#### A300 Simple prostatectomy:

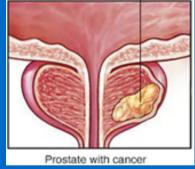
Capsule and vesicles not removed

- Does not quality for AJCC Pathologic classification
- Qualifies for Clinical Grade only
- SSDI Gleason Patterns Clinical applied

#### **A500 Radical Prostatectomy:**

- Qualifies for AJCC Pathologic classification
  - Specimen should include Gleason Score, Grade Group & surgical margin status







#### **ACCR EDUCATIONAL WEBINAR SERIES**

Topic: 2024 Manual Updates Review Presenter: Janet Raleigh, ODS-C

Date/Time: September 10, 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 in 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. Site Specific Data Item (SSDI) - PSA lab value

- Apply general rules first
  - Lab must be done no earlier than approximately 3 months prior to diagnosis
- Apply SSDI specific coding rules for PSA second
  - Record last pre-diagnosis PSA lab value prior to diagnostic biopsy of prostate and initiation of treatment

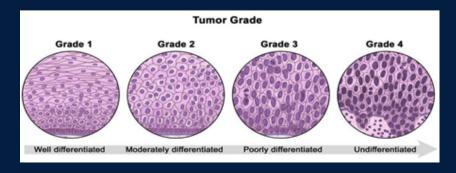
Example	SSDI Code	Explanation
02/04/23: PSA 4.3 03/10/23: PSA 3.8 04/15/23: Bx + for CA	3.8	PSA lab value closest and prior to the diagnostic biopsy
01/10/24: PSA 5.2 05/22/24: Bx + for CA	XX.9	Value is outside of general rule for 3 months prior to diagnostic biopsy, SSDI specific rules do not apply, as general rules were not met first.

#### 2. Grade Coding

- Small Cell Carcinoma
  - Can be assigned a default grade 4. Small cell carcinoma can be coded to the highest grade in the schema where it occurs, provided it meets the criteria for grade.
    - Per the SSDI WG (workgroup) with CAP pathologist and AJCC, small cell by definition is anaplastic
  - Applies to all sites, use highest grade in schema:
    - Lung apply code 4
    - Prostate apply code 5
    - Bladder apply code 3 (highest grade in schema).
- Pathologic grade
  - When no surgical resection, however positive microscopic confirmation of distant metastatic disease during the clinical timeframe, apply the grade from clinical work up from the primary tumor.

**Case Example:** 54 y/o WF CT guided lung biopsy positive for Small Cell Carcinoma, bone biopsy also positive for metastatic Small Cell Carcinoma, no surgical resection performed.

- Clinical grade = 4, lung schema highest grade for small cell histology
- Pathologic grade = 4, clinical grade applied, due to microscopic confirmation of metastatic disease in bone



#### 3. AJCC Stage

• pM1 per AJCC 8th edition Manual

Component of clinical M	Details
<b>pM1,</b> both clinical and pathological Stage IV	<ul> <li>pM1</li> <li>A patient may be staged as both clinical and pathological Stage IV if:</li> <li>there is confirmatory and microscopic evidence of consistent metastatic site during the diagnostic workup, which is categorized pM1 as, and</li> <li>T and N are categorized only clinically.</li> <li>Example: cT3 cN1 pM1 clinical Stage IV and cT3 cN1 pM1 pathological Stage IV</li> </ul>

#### Path T Classification for Prostate

- Positive biopsy of rectum permits a pT4 classification without a prostatectomy
- · Clinical T Classification for Prostate
  - Must have DRE to assign cT
    - o Assign cT blank when DRE information unknown
    - o Assign cTX IF can verify DRE NOT performed
  - Imaging nor tumor laterality from prostate biopsy can be used

#### 4. SEER Summary Stage

- Prostate primary DRE
  - If no information, but physician assigns clinical extent, registrar can use that information
    - o DRE 'firm', physician stages as cT2a, T2a (localized) can be used
    - Imaging information cannot be used

#### 5. Histology Coding

- Prostate Acinar Adenocarcinoma subtype/variants
  - Acinar Adenocarcinoma is used interchangeably with Adenocarcinoma (for prostate only) Code 8140
  - Ductal Adenocarcinoma is coded 8500 when the ductal component comprises >50% of tumor with the percentage reported from a radical prostatectomy specimen

#### • Breast - Mucinous Carcinoma

- Synonyms: Mucinous Adenocarcinoma, Colloid Carcinoma, Mucoid Carcinoma
- Code 8480
  - o Invasive Mammary Carcinoma NST with mucinous features
    - Code 8500

#### **ACCR WEBINAR SERIES - REVIEW**

Thank you for your continued viewing of the ACCR Webinar Series, 2024 presentations!

In November we will continue review of additional standard setter manual updates/changes for 2024. Please contact us with any questions or content suggestions, we'd love to hear from you!

## UPCOMING CONFERENCES

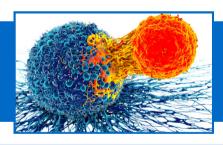
The 2024 Arkansas Cancer Registrars Association (ArCRA) 48th Annual Educational Conference is an event for professionals working with cancer data and research. ArCRA is the official association for cancer registrar professionals and Oncology Data Specialists in Arkansas. This year's event will be held at Embassy Suites in Hot Springs, October 2nd-4th, 2024.

ArCRA is offering a FREE pre-conference training session! The pre-conference training will be available in-person only on Wednesday, October 2nd.

Registration forms available via email request to Melissa Riddle at riddlemelissa5@gmail.com.

Registration deadline: September 20, 2024 Hotel reservations must be made by September 1st to receive discounted group rate.



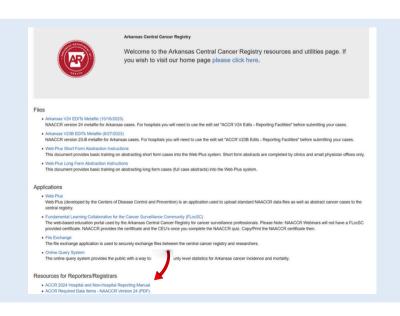


Did you know there are more than 200 types and subtypes of cancer?

#### **ACCR UPDATES**

The 11th edition of the Arkansas Central Cancer Registry (ACCR) Facility Reporting Manual, Hospital and Non-Hospital has been posted to the Arkansas Central Cancer Registry website: 2024 Hospital and Non-Hospital Reporting Manual.

(https://adhcancer.arkansas.gov/)



#### 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 **March 31, 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
February 2024	August 2024	February 2025	March 1
March 2024	September 2024	March 2025	April 1
April 2024	October 2024	April 2025	May 1

#### **ETC CORNER**

December 31, 2024, is only 4 months away! As we get closer to the end of the year, many of you will begin to think about how to obtain your required 20 CEUs for the ODS certification requirement. ACCR is excited to offer CEUs through 6 webinars available on the FLccSC website at no cost to you! ACCR also provides access to the 12 NAACCR webinars (each providing 3 CEUs) for a total of 42 CEUs through FLccSC throughout the year. ACCR has made these available to you at no cost! This is more than enough to maintain your certification. I encourage you to spread the news to your peers and colleagues and encourage them to register for a FLccSC account. ACCR is excited to be able to provide you with this benefit and ongoing educational resources all year around. Please see page 1 of this newsletter for more information on registering.

Sincerely, Melissa Chaphman RHIT, ODS-C, Educational & Training Coordinator

### Check out our updated Frequently Asked Questions on the ADH website!

https://www.healthy.arkansas.gov/images/uploads/pdf/FAQs\_about\_ACCR.pdf.

Need previous issues of ACCR's newsletters or presentations? You can find them on the ADH ACCR website!

https://www.healthy.arkansas.gov/programs-services/topics/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

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



**Health 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