

ARKANSAS CENTRAL CANCER REGISTRY

July 2024 Monthly Newsletter



July is Sarcoma and Bone Cancer Awareness Month:

There are greater than 70 subtypes of sarcomas, however all are divided into two main types: Bone cancers and Soft Tissue Sarcomas.



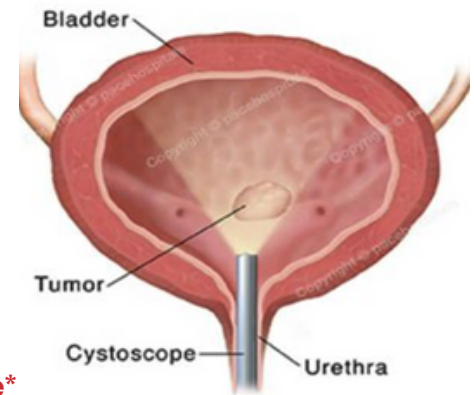
Transurethral Resection of Bladder Tumor (TURBT)

A TURBT is a surgical procedure with a special instrument, a cystoscope, inserted through the urethra, into the bladder, with location of, followed by destruction of tumor(s).

Resection is completed via: Fulguration, Electrocautery, Bipolar Cautery Vaporization and/or Wire loop.

Methods described above for resection used to control bleeding ONLY are not coded to A220, apply code A270.

This procedure does not qualify for pathologic stage or pathologic grade



Surgery Treatment Coding Examples A270 vs A220

Bladder lesion resected using French blade

Code A270 – Excisional biopsy

Bladder mass resected, tumor base fulgurated to ensure removal of entire tumor

Code A220 – Combination A270 with Electrocautery

Bladder mass resected, electrocautery utilized to achieve hemostasis

Code A270 – Excisional biopsy



ACCR EDUCATIONAL WEBINAR SERIES

Topic: AJCC Heme Chapters & Surgical Coding Reviews
Presenter: Janet Raleigh, ODS-C

Date/Time: July 16, 2024 @ 12 pm CST
Registration via: [FLccSC](#)

Upon completion of this course, attendees will be able to show an in-depth understanding of general surgery coding fields as well as specific surgery coding for Brain, Melanoma, Breast primary sites, and a greater content knowledge of AJCC Heme Chapters



MONTHLY ABTRACTOR TIPS

LVI – Lymphovascular Invasion, also known as: Angiolymphatic Invasion, Blood Vessel Invasion, Vascular Invasion, with additional terms noted in the Seer Program Coding and Staging Manual.

- Apply code 0 for ‘In Situ’ cases
- Apply code 8 for: GIST, Heme, Lymphoma & non malignant brain and CNS tumors
- Additional conditions coded to 8 are noted in the STORE manual.

The STORE Manual provides a reference table for coding cases treated with *neoadjuvant therapy*, below are a few examples. The complete table can be found on pg. 146 in STORE 2023 and on pg. 134 in STORE 2024.

LVI on pathology report PRIOR to neoadjuvant therapy	LVI on pathology report AFTER neoadjuvant therapy	Code LVI to:
0 – Not present/Not identified	1 – Present/Identified	1 – Present/Identified
1 – Present/Identified	0 – Not present/Not identified	1 – Present/Identified
1 – Present/Identified	9 – Unknown/Indeterminate	1 – Present/Identified
9 – Unknown/Indeterminate	0 – Not present/Not identified	9 – Unknown/Indeterminate
9 – Unknown/Indeterminate	1 – Present/Identified	1 – Present/Identified

Urine Cytology – Positive for malignant cells

- Reportable
- Code primary site to C689 in absence of any other additional information
- Do not report cytology cases with ambiguous terminology only
- If subsequent biopsy of urinary site is negative, do not report the case.
- **SEER SING POSITIVE URINE CYTOLOGY**

MONTHLY ABTRACTOR TIPS

Grade Manual, Grade 19

- Use for Kidney, Renal Pelvis, Bladder, Urethra and Urethra-Prostatic
- Multiple notes are reviewed, including: **For Bladder, a TURBT qualifies for clinical grade ONLY.**

Priority order usage:

Adenocarcinoma and Squamous Cell
Carcinoma: use code 1-3, 9
*If only L or H are documented, code 9.

Priority order usage:

Urothelial cancers: use code L, H and 9
*If only G1-G3 documented, code 9.

Behavior Code Update: Pilocytic Astrocytoma of the Optic Nerve

- Effective Diagnosis year 2018+, the Solid Tumor Manual (per WHO/IARC guidance) requires C72.3, histology 9421 to have a behavior code of 1

Diagnostic Confirmation

- Code 1 = Microscopic diagnosis based on positive tissue specimen from biopsy, frozen section, surgery, autopsy, or D & C or from aspiration of biopsy of bone marrow
 - Code 1 - All in situ cases
- Code 9 = Unknown, typically used for nonanalytic cases

Use NAACCR and ACCR approved abbreviations in text. See text example(s) below

- 56-year-old married white male presents with elevated PSA, negative digital rectal exam and no nocturia. Patient's urologist ordered prostate biopsy, completed at XYZ Hospital. Positive biopsy findings of prostate adenocarcinoma, Gleason score 3+3=6

Medical Terminology and Abbreviations



Physical exam text entry:

Incorrect

56 yr old MWM presents with elevated PSA, ngtve digital rt exm and no nocturia. Ptnt's URO ordered prostate bpsy, completed at XYZ Hospital. Pstv bpsy with prostate Adeno, Gl score 3+3=6.

Correct

56 YO married WM with ^ PSA, neg DRE & no nocturia. Prostate bx completed at XYZ Hosp. Prostate Adenoca, Gleason score 3+3=6.

No abbreviations are available for marital status. Negative and positive may also be indicated by using (-) or (+).

Always review NAACCR and ACCR approved abbreviations, click on the links below.

[NAACCR approved abbreviations](#)

[State of Arkansas Reporting Manual 2022 – Appendix D – Medical Abbreviation List](#)



ACCR frequently receives abstracts from multiple facilities that must be consolidated into one case. Abstracts must contain coordinating text for ACCR to assure that what is entered into the database is the most accurate information for each case reported. Text must provide the rationale for selecting the codes assigned to primary site, histology, extent of disease, and treatment fields. A comprehensive review of the importance of text, format, requirements, etc. was reviewed in the May 2024

‘Text Review’ **ACCR** Educational Webinar Series video presentation.

Click [HERE](#) to register and view!

ACCR WEBINAR SERIES - REVIEW

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

QUICK TIP:

Rx Summ – 2023, Gross Total Resection of a tumor, mass or lesion in the brain = A300, Gross Total Resection of a lobe of the brain (lobectomy) = A550. Review the operative report for delineation of what was removed. Regional lymph nodes positive & examined data fields are both coded as 99.

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 **January 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
December 2023	June 2024	December 2024	January 1
January 2024	July 2024	January 2025	February 1
February 2024	August 2024	February 2025	March 1

UPCOMING CONFERENCES

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.

Registration information:

<https://immunizear.salsalabs.org/2024immunizationsummitindex.html>



FUN FACT - DID YOU KNOW?



NAKED MOLE RATS ARE IMMUNE TO CANCER!

The body of these subterranean African mammals is rich in a substance called hyaluronan, which acts as a lubricant in the body and stops cancers growing. This discovery could lead to treatments for cancer in the future.

Source: <https://www.roche.com/stories/9-things-about-cancer>, retrieved 06/04/2024

Questions?

Check out our Frequently Asked Questions on the ADH website!

https://www.healthy.arkansas.gov/images/uploads/pdf/FAQs_about_ACCR.pdf.

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 ADH.ACCR@arkansas.gov. 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