

# Kansas Cancer Registry Newsletter

Written by KCR Staff

---

Volume 30 |  
Issue 2 |  
April 2026

## IN THIS ISSUE

---

NATIONAL CANCER  
REGISTRAR'S WEEK

TESTICULAR CANCER  
AWARENESS MONTH

NCRA ANNUAL  
CONFERENCE

ABSTRACTING Q&A

RADS INSTRUCTIONS

KCR RESOURCES



## National Registrars Week is April 6-10, 2026!

Cancer registrars throughout the world will join their colleagues, fellow medical professionals, and community leaders to observe the 30th annual National Cancer Registrars Week (NCRW), April 6-10, 2026. The purpose of NCRW is to emphasize the important role cancer registrars play in capturing the data that informs cancer research, prevention, and treatment programs. The theme for 2026 is Registry Rockstars, a theme that speaks to the levels of excellence and ingenuity that cancer registry professionals bring to the fight against cancer.

A special NCRW packet has been mailed all NCRA members March 2026. It will contain the NCRW 2026 poster, press release, and a special gift to commemorate the week.

<https://www.ncra-usa.org/About/National-Cancer-Registrars-Week>



APRIL IS  
**TESTICULAR**  
CANCER  
AWARENESS MONTH

<https://cancer.umn.edu/mncctn/news/testicular-cancer-awareness-month-survivorship-follow-care#:~:text=April%20is%20Testicular%20Cancer%20Awareness,Testicular%20cancer%20is%20relatively%20uncommon.>

## April is Testicular Cancer Awareness Month

### All About Testicular Cancer

April is Testicular Cancer Awareness Month. This is a good time to learn about testicular cancer and its risk factors, symptoms, treatments, and more. Testicular cancer is relatively uncommon. However, testicular cancer cases have increased in the United States over the last several decades, though rates have stabilized in recent years. It is estimated that less than 10,000 testicular cases will be diagnosed in 2024, and 500 people will die from testicular cancer. Overall, about 1 in 250 men will develop testicular cancer in their lifetime.

Most cancers are diagnosed in older adults. However, this isn't the case with testicular cancer. Most testicular cancer cases occur in young or middle-aged men, but it can occur less commonly in children, teens, and older adults. The average age of testicular cancer diagnosis is 33.

The exact cause of testicular cancer is not known. Cancer develops when cells begin to grow out of control. These cells can grow into tumors. Testicular cancer can cause symptoms, such as swelling, lumps, pain, and/or a heavy or achy feeling in the stomach. However, some people don't experience any symptoms. Researchers have identified some risk factors for developing testicular cancer. These include cryptorchidism (undescended testicles), family history of testicular cancer, an inherited disease called Klinefelter's syndrome, HIV infection, previous cancer in the other testicle, age, and race/ethnicity. However, most of these risk factors are not able to be changed, so testicular cancer cannot be prevented.

Reference: <https://cancer.umn.edu/mncctn/news/testicular-cancer-awareness-month-survivorship-follow-care#:~:text=April%20is%20Testicular%20Cancer%20Awareness,Testicular%20cancer%20is%20relatively%20uncommon>

# NCRA Annual Education Conference

The National Cancer Registrars Association will hold its 52nd Annual Educational Conference, May 5-8, 2026, at the Louisville Marriott Downtown. Whether it's meeting and connecting with fellow cancer registry and ODS-certified professionals or learning from in-depth discussions from medical practitioners and subject matter experts, the Annual Educational Conference meets your professional and credentialing needs.

There are many reasons to attend!

- Earn the needed to maintain your ODS credential.
- Satisfy the CoC Standard 4.3 that encourages ODS credential holders to attend in-person education at a national level.
- Direct access to national experts to provide clarity on compliance expectations, allowing your organization to avoid deficiencies during accreditation surveys.
- Hear important updates from standard setters in the cancer registry field.
- Discover the newest advancements in cancer treatment and care.
- Registrants have access to virtual education sessions for the two months following the live presentations.
- Network face to face by attending in-person and reconnect with your friends and colleagues.

<https://www.ncra-usa.org/Conference/2025-NCRA-Annual-Conference>



## Did you HEAR? ?

As of January 1, 2025, CEIP requires ODS-certified professionals to earn a minimum of eight CE credits of in-person education over four years. The eight CEIP credits are included in the standard 20 CE credits and can be earned across two, two-year CE cycles (i.e. within a four-year window). This is the equivalent to one eight-hour workday every four years, and credits can also be earned in multiple meetings.



## **Is there something you want to see in our newsletter?**

Please reach out to the Kansas Cancer Registry if you have specific topics or questions that you would like to see in our newsletter. Any topics, ideas, or questions should be sent via email to [kcr@kumc.edu](mailto:kcr@kumc.edu).

# Abstracting Questions and Answers

## Please Review APPENDIX M: Case Studies for Coding Melanoma in STORE v23

Beginning with STORE 2023 the melanoma/skin surgery codes have been redesigned to align with the Commission on Cancer (CoC) Synoptic Operative reports (SOR). The coding of examples in this document have been verified by multiple standard setters as well as the SOTR physicians.

This guide is to provide added clarification when coding the data items for melanoma skin primaries per STORE rules.

### Appendix M Summary of Coding Rules

Data items Surgical Procedure of Primary Site at this Facility [NAACCR data item #670] and Surgical Procedure of Primary Site [NAACCR data item #1290] are no longer collected beginning with diagnosis year 2023.

Do not re-assign codes previously coded for diagnosis years 2022 and prior for data items #670 and #1290.

Margins are collected under a new SSDI and are no longer factored into the surgical code.

Assign biopsy procedures to the Surgical Diagnostic and Staging Procedure (SDSP) ONLY when there is small specimen of tissue taken from the melanoma tumor, such as a core biopsy. This is a change from diagnosis year 2022. For diagnosis year 2023, melanoma primary will rarely have a code other than 00 in the SDSP data item.

Code the procedure and not the results of the procedure.

### For coding SSDI Clinical Margins [3961]:

- If multiple procedures are performed, record the largest peripheral (radial) margin
- Do not record the deep margin
- Margins should not be added together

Source <https://cancerbulletin.facs.org/forums/node/127808>

## The 2027 version of the Hematopoietic Manual (release October 2026) will include the following in the Case Reportability Instructions, pg. 40:

4. “Consistent with” for reportability and casefinding is now a definitive diagnosis and is no longer ambiguous terminology. This is for hematopoietic neoplasms ONLY.

a. “Consistent with” has become a very common way for pathologists to document diagnoses for Hematopoietic neoplasms. In order to ensure that hematopoietic cases are being reported, “consistent with” has now become definitive terminology for casefinding and reportability (see Histology Coding Instructions for assigning histology).

b. Do not apply this instruction to casefinding and reportability for Solid Tumors.

5. Report the case when the diagnosis of a hematopoietic neoplasm is preceded by one or more of the ambiguous terms listed below:

a. This instruction pertains to reportability and case finding only. See the Histology Coding Instructions, #3-5 for instructions on assigning histology with ambiguous terminology (note that “consistent with” has been removed. See Note #4).

- Apparently
- Appears
- Comparable with
- Compatible with
- Favor(s)
- Malignant appearing

Source <https://seer.cancer.gov/seer-inquiry/inquiry-search/20260008>

# Kansas Cancer Registry–Instructions on use of PI Rads, BI Rads, and LI Rads when reporting cases:

**Imaging reporting and data systems (RADS) should not be used as the date of diagnosis for cancer, as they indicate suspicion levels, not histological confirmation. Reportable diagnosis dates require positive biopsy, cytology, or physician statement of malignancy.**

---

## Per the STORE 2024 Manual page 35

PI Rads, BI Rads, LI Rads **alone are not reportable** for CoC.

PI Rads, BI Rads, LI Rads confirmed with biopsy or physician statement are reportable to CoC.

Date of diagnosis is the date of the positive biopsy

---

## Per the SEER Program Coding and Staging Manual 2025 and 2026

Source <https://seer.cancer.gov/tools/codingmanuals/>

On behalf of SEER, we would like to formally (and officially) announce an update to our coding instructions regarding PI-RADS and LI-RADS. NCI SEER has decided to adopt the same instructions regarding PI-RADS and LI-RADS as the STORE manual (CoC) putting both standard setters back in alignment.

This is applicable as of **NOW** (your next prostate or liver case). Per the 2026 STORE Manual: PI-RADS and/or LI-RADS results alone are not reportable to CoC. PI-RADS and/or LI-RADS confirmed with biopsy or physician statement are reportable to CoC. The date of the biopsy or definitive statement from the physician is the Date of Diagnosis.

Please note:

- There is no recommendation to review cases already abstracted for 2018+. You do not need to review any older cases. Start applying this rule to the next Prostate or Liver case you abstract.
- Please note that any previous versions of the SEER Manual/appendices, including the 2026 SEER manual and the 2026 Appendix E will NOT be updated. This update will be included in the 2027 SEER manual and appendices.
- Relevant SINQ questions will be updated within the next month.

Previously, SEER changed their rules regarding PI-RADS and LI-RADS in 2018 to

- When the only information was available was PI-RADS or LI-RADS report with a 4 or 5, that case was considered reportable.
- If a report had a PI-RADS or LI-RADS with a 4 or 5 with a subsequent biopsy, the date of diagnosis was the date of the PI-RADS or LI-RADS.
- Note: These instructions only apply to PI-RADS and LI-RADS. SEER coding instructions regarding remaining RADS were always in alignment with the STORE manual.

Prior to 2021, SEER followed the same instructions as CoC.

The decision to change reportability for PI-RADS and LI-RADS was based on the terminology that was used in these reports; however, this decision caused great confusion amongst the SEER community. After NCI SEER discussed this both internally and with the SEER Central Registries, we have decided to remove this instruction.

We hope this change will make abstracting prostate and liver cases slightly easier for you.

**Per the 2024 SEER Program Coding and Staging Manual Appendix E2, page E.2.1**

5	Breast cases designated BIRADS 4, 4A, 4B, 4C or BIRADS 5 without any additional information	<p>The American College of Radiology defines Category 4 as "Suspicious." The descriptions in categories 4, 4a, 4b, and 4c are not diagnostic of malignancy. They all represent a percentage of likelihood, the highest being 4c which is greater than 50% but less than 95% likelihood of malignancy. The ACR states "This category is reserved for findings that do not have the classic appearance of malignancy but are sufficiently suspicious to justify a recommendation for biopsy."</p> <p>Category 5 is "Highly Suggestive of Malignancy." "Suggestive" is not reportable ambiguous terminology. ACR states that Category 5 has a "very high probability" of malignancy, but again, it is not diagnostic.</p>
---	---	--

**VISIT [CANCERBULLETIN.FACS.ORG/FORUMS/](https://cancerbulletin.facs.org/forums/) AND [SEER.CANCER.GOV/SEERINQUIRY/](https://seer.cancer.gov/seerinqury/) FOR MORE ABSTRACTING AND CODING Q&A.**

## KCR REPORTING SCHEDULE

Month of Diagnosis	Due to KCR by:
January 2025	July 2025
February 2025	August 2025
March 2025	September 2025
April 2025	October 2025
May 2025	November 2025
June 2025	December 2025
July 2025	January 2026
August 2025	February 2026
September 2025	March 2026
October 2025	April 2026
November 2025	May 2026
December 2025	June 2026

### ARE YOUR RESOURCES CURRENT?

- ✓ KCR is now ready to accept NAACCR Record Layout Version 24. Use NAACCR Record Layout Version 24 and NAACCR Version 23 Edits to abstract all cases diagnosed January 1, 2023 and forward.
- ✓ Use AJCC TNM 8<sup>th</sup> Edition for staging cases diagnosed January 1, 2018 and forward.
- ✓ Use the STORE 2021 Manual for all cases diagnosed January 1, 2021 and forward.
- ✓ Use the 2018 Solid Tumor Rules (updated March 2023) for all cases diagnosed January 1, 2018 and forward.
- ✓ Use the web-based Hematopoietic & Lymphoid Neoplasm Database (<http://www.seer.cancer.gov/seertools/hemelymph/>) for coding all diagnosis years. You must now select diagnosis year to be shown the correct information and the correct version of the manual.
- ✓ You can find the KCR ICD-10-CM case-finding list on the Downloads page of our website.
- ✓ Collaborative Stage Transition Updates. You can find all newsletters at: <https://seer.cancer.gov/tools/collabstaging/>

### DON'T FORGET TO UPDATE YOUR CONTACT INFORMATION!

Visit [Kansas Cancer Registry \(kumc.edu\)](https://www.kumc.edu/kcr) to download the contact information update form.

Submit the updated form to [kcr@kumc.edu](mailto:kcr@kumc.edu) or fax: 913-588-7384

# Thank you!

The Kansas Cancer Registry Staff would like to thank you for your hard work and dedication within the cancer registry community.

Sue-Min Lai	913-588-2744	<a href="mailto:slai@kumc.edu">slai@kumc.edu</a>
John Keighley	913-588-2792	<a href="mailto:jkeighle@kumc.edu">jkeighle@kumc.edu</a>
Sarma Garimella	913-588-2724	<a href="mailto:sgarimel@kumc.edu">sgarimel@kumc.edu</a>
Mollee Enko	913-588-4723	<a href="mailto:menko@kumc.edu">menko@kumc.edu</a>
Kimberly Acree	913-588-4726	<a href="mailto:kacree@kumc.edu">kacree@kumc.edu</a>
Laura Hall	913-588-4727	<a href="mailto:lhall11@kumc.edu">lhall11@kumc.edu</a>
Li Huang	913-588-4728	<a href="mailto:luhuan2@kumc.edu">luhuan2@kumc.edu</a>

*The Kansas Cancer Registry (KCR) collects and maintains a population based longitudinal database of all Kansans diagnosed with cancer. KCR is the only population-based source of information on cancer incidence in the State of Kansas. It provides information on the occurrence of cancer, stage at diagnosis, survival and sub-populations affected by different types of cancer. Registry information can be used by researchers to evaluate the effectiveness of new treatments and by public health professionals to implement and monitor prevention efforts. Thanks to facilities across the state of Kansas who report cancer cases, KCR has quality data to help in the fight against cancer*

**Kansas Cancer Registry  
University of Kansas Medical Center  
126 Support Services, MS 2009  
3901 Rainbow Boulevard, Kansas City, Kansas 66160  
Tel: 913-588-4722 Fax: 913-588-7384**