

Kansas Cancer Registry Newsletter

Written by KCR Staff



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February is Gallbladder & Bile Duct Cancer Awareness Month

Although rare, these cancers affect thousands of people and their families around the world each year. It's estimated that nearly 12,000 individuals will be diagnosed with gallbladder cancer in 2020, while approximately 8,000 people will be impacted by bile duct cancer.

Reference: <https://www.nfcr.org/blog/gallbladder-and-bile-duct-cancer-awareness-month-signs-symptoms-and-risk-factors/>

Have You Heard About FLccSC?

The Kansas Cancer Registry has partnered with the **Fundamental Learning Collaborative for the Cancer Surveillance Community (FLccSC)**. FLccSC was developed to provide cancer surveillance professionals a **web-based educational platform**. There are courses and modules for those that are new to the cancer surveillance field and continuing education courses for the seasoned professional. The Kansas Cancer Registry uses this platform as a resource to provide **training and continuing education** to its facility partners in Kansas. Please contact kcr@kumc.edu for more information on how to access FLccSC!

****FLccSC can only be accessed by cancer registrars in the state of Kansas or by cancer registrars who work remotely for a reporting facility in Kansas.**

****Regarding the NAACCR's Cancer Surveillance Webinar series policy, "the organization/facility/state cancer registry may redistribute the webinars to members of their organization or in the case of state registries to anyone that reports cancer cases to them".**

COMING SOON! The NAACCR 2025-2026 Webinar Series will be added to KCR FLccSC.

ODS Tips On Abstracting

Coding Primary Treatment Volume when radiation treatment report states **pelvis**:

- Per STORE Manual 2023 and forward: the **use of code 86 Pelvis** (NOS, non-visceral) is when: *The treatment volume is directed at a primary tumor of the pelvis, but the primary sub-site is not a pelvic organ or is not known or indicated. For example, this code should be used for sarcomas arising from non-visceral soft tissues of the pelvis.*
- Another example: prostate is the primary site and the radiation treatment states Phase 1 was pelvis, etc. The Primary Treatment Volume should be code 64 Prostate - whole and the code 06 should be in the field Radiation to Draining Lymph Nodes.
- **Code 86 is not an option when the primary site is known.**
- Rule of Thumb: If lymph nodes are positive, they are normally treated. If radiation treatment document does not indicate lymph nodes treated or the word pelvis is not mentioned.. Please contact the radiation oncologist for clarification.

NCRA's Annual Education Conference is open for registration



Get ready for NCRA's annual in-person or hybrid conference, in Louisville, KY May 5-8, 2026. The 2026 Conference Program Committee has designed the educational sessions to showcase critical cancer registry topics and help registrars stay current.

Visit <https://www.ncra-usa.org/Conference/2026-NCRA-Annual-Conference/2026-Conference-Information> for the most up-to-date information and registration instructions.

Non-Malignant Brain CNS Surgery Codes

If there is **no mention of the final status of the surgical margins after resection of the primary tumor** listed, the surgery code(s) of A200, A210 and A220 may be used.

When using the surgery codes A300 and A400, the final status of the surgical margins must be provided in text when submitting the case.

Reference: STORE Manual Item # 1320–Surgical Margins of the Primary Site.

Image: Credit: K H Fung/Science Photo Library

Hematopoietic Abstracting Examples

Scenario	How to Code	Resource
Single lymph node involved, excision of that 1 node	Surgery Code 25 (Local tumor excision, NOS Less than a full chain, includes an excisional biopsy of a single lymph node)	<ul style="list-style-type: none"> • STORE Surgical Diagnostic & Staging • STORE Appendix A Current Site-Specific Surgery Codes for 2021+ • SEER Appendix C Surgery Codes
Multiple lymph nodes involved, excisional biopsy of 1 node	Surgical Diagnostic & Staging 02 (bx of primary site)	<ul style="list-style-type: none"> • STORE Surgical Diagnostic & Staging Procedure
Peripheral Blood Smear+CLL	Do NOT code the procedure, however you may use the information to code Diagnostic Confirmation	<ul style="list-style-type: none"> • STORE Surgical Diagnostic & Staging
Bone Marrow biopsy+CLL (Primary Site C421 bone marrow)	Surgical Diagnostic & Staging Procedure 02 (bx of primary site)	CAnswer Forum Post # Says to code it https://cancerbulletin.facs.org/forums/node/150695

Reference: NAACR Coding Pitfalls 2025 Webinar

Abstracting Questions and Answers

Question: Definition of X?

- Defined by AJCC as cannot be assessed.
- **ONLY MANAGING PHYSICIANS ASSESS** patients by exam, imaging, procedures, surgery.
- Managing physician must assign X or describe they do not have information.
- X must **ONLY** be **managing physician** perspective of patient's story.
- If X definition not met, **only option for registrar is leave it blank.**
- **X is not the same as unknown** to registrar.

References: <https://cancerbulletin.facs.org/forums/node/75627>

Example: AJCC 8th Edition Prostate Chapter Text

The primary clinical tumor assessment includes the information from the **DRE** of the prostate. Neither imaging information nor tumor information from the prostate biopsy should be used for clinical staging. A tumor that is found in one or both sides by needle biopsy but is not palpable or visible by imaging is classified as T1c. Clinical T category should always reflect **DRE** findings only.

- **DRE not performed or patient refuses DRE** → assign cTX (physician does not know)
- **Unknown** if **DRE** performed → assign cT blank (registrar does not know)

References: © American Joint Committee on Cancer 2017, M.B. Amin et al. (eds.) *AJCC Cancer Staging Manual, Eight Edition*, DOI 10.1007/978-3-319-40618-3_1. [[AJCC](#) 8th edition page 718]

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

KCR REPORTING SCHEDULE

Month of Diagnosis	Due to KCR by:
January 2024	July 2024
February 2024	August 2024
March 2024	September 2024
April 2024	October 2024
May 2024	November 2024
June 2024	December 2024
July 2024	January 2025
August 2024	February 2025
September 2024	March 2025
October 2024	April 2025
November 2024	May 2025
December 2024	June 2025

ARE YOUR RESOURCES CURRENT?

- ✓ KCR is now ready to accept NAACCR Record Layout Version 24. Use NAACCR Record Layout Version 24 and NAACCR Version 24 Edits to abstract all cases diagnosed January 1, 2024 and forward.
- ✓ Use AJCC TNM 8th Edition for staging cases diagnosed January 1, 2018 and forward.
- ✓ Use the STORE 2023 Manual for all cases diagnosed January 1, 2023 and forward.
- ✓ Use the 2023 Solid Tumor Rules (updated December 2023) for all cases diagnosed January 1, 2023 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: <http://seer.cancer.gov/registrars/>
- ✓ AJCC has free training materials now available at: <https://cancerstaging.org/CSE/Registrar/Pages/Presentations.aspx>

DON'T FORGET TO UPDATE YOUR CONTACT INFORMATION!

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

Submit the updated form to Amy Smith (asmith109@kumc.edu) or fax: 913-588-7384

Happy New Year!

The Kansas Cancer Registry Staff would like to wish you and your families a very Happy New Year!

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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

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