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Kansas Cancer Registry Newsletter

Written by KCR Staff

July is Sarcoma and Bone Cancer Awareness Month

Source: aacr.org

Sarcomas are a rare group of cancers in which malignant cells form in the bones or soft tissues of the body. There is a variety of age groups affected by these cancers – bone and joint cancer is most frequently diagnosed among teenagers, while soft tissue cancers typically affect those 55 and older.

In 2025, approximately 13,520 cases of soft tissue sarcoma and approximately 3,770 cases of bone and joint cancer are expected to be diagnosed in the United States. Sarcomas are difficult to distinguish from other cancers when found within organs, and their incidence is likely underestimated.

Inherited disorders such as retinoblastoma or tuberous sclerosis can increase the risk for soft tissue sarcomas. Past radiation therapy treatment or exposure to chemicals can also be risk factors.

IN THIS ISSUE

September is Ovarian Cancer Awareness Month

Source: www.cancer.org

Ovarian cancer was originally thought to originate only in the ovaries. Current evidence suggests that this cancer may begin in the cells of the fallopian tubes at the far (distal) end.

There are several risk factors associated with ovarian cancer. Age is a factor, since it is rare in women younger than 40 and the risk continues to increase with age. There is also increased risk of developing ovarian cancer if using hormone therapy after menopause. Lastly, Family history also plays a valuable role.

There has been a lot of research to develop a screening test for ovarian cancer, but there hasn't been much success so far. The 2 tests used most often (in addition to a complete pelvic exam) to screen for ovarian cancer are transvaginal ultrasound (TVUS) and the CA-125 blood test.

Abstracting Questions and Answers

Primary Site--Colon: How is primary site assigned when the only documented term is “colorectal cancer?

- Assign primary site as colon, NOS (C18.9) when the only information about the diagnosis you have is "colorectal cancer."
- We consulted with a subject matter expert who believes that colon, NOS is closest to being correct and that rectosigmoid is not appropriate.
- If further information becomes available through further workup and/or treatment, update the primary site as appropriate.
- We will add clarification to the 2027 SEER Manual, Appendix C, Colon Coding Guidelines.

Source: Per SINQ 20260013

Should "consistent with" be included in the ambiguous terminology for reportability list in the updated Heme Manual?

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: Per SINQ 20260008

VISIT CANCERBULLETIN.FACS.ORG/FORUMS/ AND SEER.CANCER.GOV/SEERINQUIRY/ FOR MORE ABSTRACTING AND CODING Q&A.

KCR REPORTING SCHEDULE

Month of Diagnosis	Due to KCR by:
January 2026	July 2026
February 2026	August 2026
March 2026	September 2026
April 2026	October 2026
May 2026	November 2026
June 2026	December 2026
July 2026	January 2027
August 2026	February 2027
September 2026	March 2027
October 2026	April 2027
November 2026	May 2027
December 2026	June 2027

ARE YOUR RESOURCES CURRENT?

- ✓ KCR is now ready to accept NAACCR Record Layout Version 25. Use NAACCR Record Layout Version 25 and NAACCR Version 25b 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 2021 Manual for all cases diagnosed January 1, 2021, and forward
- ✓ Use the 2018 Solid Tumor Rules (updated September 2021) 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/
- ✓ AJCC has free training materials now available at: https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/staging-education/registrar/

DON'T FORGET TO UPDATE YOUR CONTACT INFORMATION!

Visit https://apps.kumc.edu/kcr/downloads.aspx to download the contact information update form.

Submit the updated form to 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.

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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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