



The Massachusetts Cancer Registry, *MACRe-minder*, is an e-newsletter containing updates from the Massachusetts Cancer Registry, national standard-setting agencies on cancer surveillance and reporting in our State and the United States, and other information for our reporting hospitals, clinics, laboratories, and data partners.

## June, 2026 (Vol 3, Issue 3)

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## A Message from Nancy Klein BS, ODS-Certified, Manager of Operations



Hello Team Massachusetts,

As we welcome the arrival of spring weather we hope this *e-minder* finds you well and ready for a new reporting year!

Please recall that when we began establishing a new communications protocol for completeness, we also announced that we would be adding a section to our website for facility recognition. We anticipate rolling this out over the next month as we prepare for the new reporting year.

As always, thank you for your continued support and valuable data submissions that translates people's cancer stories into actionable insights and cancer surveillance data.

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## 2026 Standards Changes: New, Revised, and Retired Data Items

The tables below represent new, revised and retired data items, for MACR and the designated standard-setting agency, for cases diagnosed January 1, 2026 and forward and are compliant with the v26 NAACCR record layout.

*Legend: R-Required; NR-Not Required; O-Optional*

### New Data Items

New data items are added with v26 for reporting facilities:

NAACCR Item #	Item Name	Section	Required Status		
			MACR*	SEER	CoC
225	Sex Assigned at Birth	Demographic	R	R	R
<b>Note: MACR will continue to collect item #220 Sex and #225 Sex Assigned at Birth post-conversion and implementation of v26a. See Revised and MACR State Reporting requirements below.</b>					
1176	Spread Through Air Spaces (STAS)	Stage / Prognostic Factors	R	R	R
1178	Residual Cancer Burden (RCB)	Stage / Prognostic Factors	R	R	R
1179	Residual Cancer Burden Class	Stage / Prognostic Factors	R	R	R

## Revised Data Items

Some data items were updated or codes revised with v26 for reporting facilities:

NAACCR Item #	Item Name	Section	Required Status		
			MACR	SEER	CoC
3890	Microsatellite Instability (MSI)	SSDI (Colon & Rectum)	R	R	R
3926	Schema Discriminator 1	SSDI (Nasopharynx and Oropharynx)	R	R	R
3927	Schema Discriminator 2	SSDI (Oropharynx)	R	R	R
3908	Percent Necrosis Post Neoadjuvant	SSDI (Bone)	R	R	R
3906	Oncotype DX Risk Level-Invasive	SSDI (Breast)	R	R	R
3905	Oncotype DX Risk Level-DCIS	SSDI (Breast)	R	R	R
3831	Extranodal Extension Head and Neck Clinical	SSDI Schemas adjusted to share same validation table(s) and notes	R	R	R
3832	Extranodal Extension Head and Neck Pathological				
3883	LN Size				
3876	LN Head and Neck Levels I-III				
3877	LN Head and Neck Levels IV-V				
3878	LN Head and Neck Levels VI-VII				
3879	LN Head and Neck Other				
50	NAACCR Record Version	Code 260 added for 2026 v26	R	R	R
2117	Schema ID Version Current	Code 3.3 added	R	R	R
2118	Schema ID Version Original	Code 3.3 added	R	R	R
1133	Pediatric ID Version Current	Code 1.3 added	R	R	R
1134	Pediatric ID Version Original	Code 1.3 added	R	R	R
3780 – 3798	Secondary Diagnosis 1 – 10	New data items implemented in v25 (2025) and contains ICD-10-CM chronic disease codes	O	R	R

## Data Items No Longer Required

The following data items are no longer required. Collection at the reporting facility is optional and may be submitted to the State. Check with your registry software vendor for continued data collection and reporting.

NAACCR #	Data Item Name
3821	Chromosome 3 Status
3822	Chromosome 8q Status
3834	Extravascular Matrix Patterns
3835	Fibrosis Score
3859	HPV Status
3881	LN Laterality
3891	Microvascular Density
3894	Multigene Signature Method
3895	Multigene Signature Results
3903	Oncotype DCIS Recurrence Score
3905	Oncotype DX Risk Level-DCIS
3906	Oncotype DX Risk Level Invasive
3908	Percent Necrosis Post Neoadjuvant

## Retired Data Items

The following data items are no longer required. Collection at the reporting facility is optional and may be submitted to the State. Check with your registry software vendor for continued data collection and reporting.

NAACCR Item #	Item Name	Section	Source of Standard			
			MACR	SEER	CoC	NPCR
3110	Comorbid/Complications 1	Data items contained ICD-9-CM chronic disease codes through 2024 (v24)  <i>See Revised Data Items above. Items replaced with Secondary Diagnosis 1 – 10 containing ICD-10-CM codes</i>	O	NR	NR	NR
3120	Comorbid/Complications 2					
3130	Comorbid/Complications 3					
3140	Comorbid/Complications 4					
3150	Comorbid/Complications 5					
3160	Comorbid/Complications 6					
3161	Comorbid/Complications 7					
3162	Comorbid/Complications 8					
3163	Comorbid/Complications 9					
3164	Comorbid/Complications 10					
1120	Pediatric Stage	Replaced	O		R	
1130	Pediatric Staging System	<i>See New Data Items above.</i>	O		R	
1140	Pediatric Staged By		O		R	
<b>220</b>	<b>Sex</b>	<b>Replaced. <i>See Notes in New Items above.</i></b>	<b>R</b>	<b>O</b>	<b>NR</b>	<b>NR</b>

*See also New Data Items list above and MACR state reporting requirements below.*

## Other 2026 Standards Changes

### SEER Solid Tumor Rules

- **Specific Histologies, NOS/NST, and Subtype Variants** tables reformatted from 3 columns to 2. Table notes moved to footnotes. Relevant M and H rules referring to tables were updated.
- **General Instructions reformatted.** Redundant instructions for each site group removed and added to General Instructions.
- **Ambiguous Terminology for determining histology revised.** Associated instructions updated.
- **Rule M10 (Breast Site Group) removed** and subsequent rule numbering adjusted.

### AJCC Version 9 Protocols

- **Two version 9 protocols released** effective with cases diagnosed 1/1/2026 and forward and replace current AJCC 8<sup>th</sup> edition chapters
  - Salivary Glands (9017)
  - Oropharynx (HPV-Associated) (9018)
- **Major Salivary Glands**
  - Name changed to Salivary Glands
  - For 2026+ only includes Major Salivary Glands
  - Minor Salivary Glands will be added for 2027+
- **Oropharynx**
  - Renamed to Oropharynx (HPV-Associated) and Oropharynx (HPV-Independent) and Hypopharynx.
  - Primary Site Code Changes:
    - Site code C11.1 removed.
    - C10.1 added to Oropharynx (HPV Associated) and Oropharynx (HPV-Independent).
    - Code C10.1 removed from Larynx.

### Extent of Disease (EOD)

- **New schemas** added to align with AJCC v9 protocols for:
  - Oropharynx HPV-Associated
  - Major Salivary Glands
- **Salivary Gland:** existing related schemas name appended to align with v9 protocols; schema IDs remain unchanged.
- **Nasopharynx (C11.1):** changes made to **Schema Discriminator 1** assigned to Nasopharynx v9 for cases diagnosed 1/1/2025+.
- **8<sup>th</sup> Edition Schemas** will continue to be used for cases diagnosed 1/1/2018 – 12/31/2025.
- **Sex (item #220):** in 2026 this field will be replaced with Sex Assigned at Birth (#225) with some coding exceptions as noted below. **See also New Data Items and MACR requirements.**
  - **Primary Peritoneal Carcinoma (schema ID 00552):** Sex Assigned at Birth = 2 for site/histology combinations. No impact in 2026 on previously assigned cases.
  - **Retroperitoneum (schema ID 00440):** Sex Assigned at Birth = 1, 9 for site histology combinations. No impact in 2026 on previously assigned cases.
  - **Soft Tissue Rare (schema ID 00450):** Sex Assigned at Birth = 1,9 for site histology combinations. No impact in 2026 on previously assigned cases.
  - **Soft Tissue Other (schema ID 00459):** Sex Assigned at Birth – no cases will be assigned to this schema. Site/histology combinations with Sex = 4 will be part of Soft Tissue Rare. Low case counts expected.
- **Prostate Derived EOD 2018 Stage Group (item #818)** had some combinations of data deriving an incorrect stage group. Table has been changed to assign 99 for these combinations. If Derived EOD 2018 Stage Group is in use, it must be recalculated. Check with your software vendor for instructions.

### Hematopoietic Database and Manual

- **New terms** updated from WHO 5<sup>th</sup> edition.
- **Acute Lymphocytic Leukemia (ALL):** histologies 9811-9819 updated to reflect that all ALL’s are the same primary site.
- **Manual** updated with new formatting, updated sections and additional information. See Heme Manual changelog for a complete list.

### Cancer PathCHART

- Database containing results of expert panel review are incorporated into the Cancer PathCHART database. The NAACCR EDITS metafile and serves as the all-new, single source of truth for tumor site, histology, and behavior coding for all standard setters.
- Each calendar year additional sites/organ systems are reviewed and aligned with newly released WHO, 5<sup>th</sup> edition, Classification of Tumors. For 2026 the panel reviewed:

Organ System	Site(s)	Year Implemented
Head and Neck	Lip; Gingiva; Oral Cavity and Mobile Tongue; Major Salivary Glands; Nasopharynx; Oropharynx; Branchial Cleft; Nasal Cavity and Paranasal Sinuses; Middle Ear; Larynx and Hypopharynx; Pharynx with Waldeyer Ring; Trachea and Upper Respiratory	2026
<i>Note: for 2024 and 2025 sites see documentation on Cancer PathCHART website            Access CPC*Search at: <a href="https://seer.cancer.gov/cancerpathchart/search/">https://seer.cancer.gov/cancerpathchart/search/</a></i>		

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## MACR State Reporting, EDITS, and Data Submissions

## **Cancer Registry Reporting Requirements**

Beginning with all cases diagnosed 1/1/2026 SEER (including the Commonwealth of Massachusetts) registries and reporting facilities will follow the instructions in the 2026 SEER Manual and the most recent Solid Tumor Rules, Hematopoietic Manual, Grade Manual, SSDI Manual, SEER\*RSA, EOD, Summary Stage, and ICD-O-3.2 updates. For more information go to: <https://www.mass.gov/lists/massachusetts-cancer-registry-edit-sets>

## **v26a XML Record Layout and State Data Submissions**

**Important:** MACR will continue to collect item #220 Sex and #225 Sex Assigned at Birth post-data conversion and with all v26a data submissions and forward. All other data items to be compliance with SEER, CoC, and NAACCR v26 XML record layout specifications.

**Hospitals and reporters should contact their software vendors to ensure that all new and updated case records meet the v26a MACR, SEER, and NAACCR specifications.**

## **EDITS Metafiles**

The MACR v26a EDITS metafile should be downloaded, extracted, and configured in your cancer registry software before submitting 2026 cases to MACR. Be sure to select the v26a MA edit set within your software system. The EDITS metafile, combined with the ODS' visual review, helps identify potential issues in cancer abstracts before submission and supports data accuracy, completeness, and integrity. After downloading the compressed file, extract the EDITS metafile and save it in a location on your computer or shared drive accessible to your facility or cancer registry software vendor(s).

Download the MA v26a metafile here:

<https://www.mass.gov/lists/massachusetts-cancer-registry-edit-sets>

We encourage registrars and reporters to maintain open communication with our office and their software vendors to ensure their registry software is up-to-date. Dates and timelines should be communicated to all parties. Registrars should include their IT team to coordinate on-premises or virtual software updates and changes.

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## **Education, Training, and Certification**

### **MACR Webinars and Educational Resources**

#### **June 4, 2026: GYN: Histology & Grade Coding Tips**

Webinar slides and notes presented by Nancy Donovan, MA, ODS-C, Quality Control Coordinator, Massachusetts Department of Public Health, Cancer Registry. We will notify you when the slides are ready for download in FLccSC.

### **Calendar Updates**

#### **June 19, 2026: National Cancer Registrars Association (NCRA)**

Application deadline for July 3-25, 2026 testing dates. <https://www.ncra-usa.org/ods-credential/certification-exam>

#### **July 3-25, 2026: National Cancer Registrars Association (NCRA)**

Oncology Data Specialist (ODS) Exam Testing. <https://www.ncra-usa.org/ods-credential/certification-exam>

#### **October 23, 2026: Cancer Registrars of New England (CRANE)**

Annual Educational Conference, Warren Conference Center and Inn, 529 Chestnut Street, Ashland, MA.  
<https://www.craneweb.org/>

#### **October 7, 2026: National Cancer Registrars Association (NCRA)**

Application deadline for October 23 – November 14, 2026 testing dates. <https://www.ncra-usa.org/ods-credential/certification-exam>

**October 23 – November 14, 2026: National Cancer Registrars Association (NCRA)**

Oncology Data Specialist (ODS) Exam Testing. <https://www.ncra-usa.org/ods-credential/certification-exam>

**May 10-13, 2027: National Cancer Registrars Association (NCRA)**

Annual Educational Conference, Town and Country Resort, San Diego, CA. <https://www.ncra-usa.org/Conference/Future-Conferences>

**NAACCR CANCER REGISTRY AND SURVEILLANCE WEBINAR SERIES**

If you are employed by, or contract with, a Massachusetts Hospital Registry, contact MACR for information on accessing the NAACCR cancer registry and surveillance webinar series with CEU credits. Contact Amarelis Cora, DPH Program Coordinator by email at: [amarilis.cora@mass.gov](mailto:amarilis.cora@mass.gov). For more information on the NAACCR webinar series, go to: <https://www.naacr.org/cancer-registry-surveillance-webinar-series/>

**2026 Standards Changes: Head and Neck**

Information in this section is a summary of changes and content presented at the 2026 NCRA Annual Educational Conference for specific head and neck sites.

**Human Papillomavirus (HPV) Associated Oropharyngeal Squamous Cell Carcinoma (OPSCC) – Effective for cases diagnosed 1/1/2026 and forward**

Change	Details
Data Item Title Change	HPV-Mediated (p16+) Oropharyngeal Cancer changed to <b>Oropharynx (HPV-Associated)</b>
Primary Site	<ul style="list-style-type: none"> <li>• <b>Pharyngeal tonsil (adenoid) and tubal tonsils</b> MOVED to nasopharynx staging system</li> <li>• <b>Anterior surface of epiglottis</b> MOVED from nasopharynx to larynx staging system</li> </ul>
Regional Lymph Nodes (N), Clinical (cN)	<ul style="list-style-type: none"> <li>• Added unequivocal Imaging detected extranodal extension (iENE) and/or clinical extranodal extension as a cN criterion.</li> <li>• iENE or clinical ENE increases N1 and N2 by one category.</li> </ul>
Regional Lymph Nodes (N), Pathologic N (pN)	<ul style="list-style-type: none"> <li>• Added definitive pathologic extranodal extension (pENE) as a pN criterion.</li> <li>• pENE increases N1 and N2 by one category.</li> <li>• Pathological N without definitive pENE is subdivided into N1a (single node without definitive pENE) and N1b (2-4 nodes without definitive pENE).</li> </ul>
AJCC Pathologic Prognostic Stage Group	<ul style="list-style-type: none"> <li>• Stage II REVISED to include T0-T2 N2-N3 M0 or T3 No-N2 M0.</li> <li>• Stage III REVISED to include T3 NE M0 or T4 Any N M0.</li> </ul>

**Summary of Changes: Salivary Gland – Effective for Cases Diagnosed 1/1/2026 and forward**

Change	Details
Data Item Title Change	<ul style="list-style-type: none"> <li>• Major Salivary Glands CHANGED to Salivary Glands</li> <li>• Includes Minor Salivary Glands</li> </ul>
Primary Site	Includes major and minor salivary glands

Histology	<ul style="list-style-type: none"> <li>REMOVED squamous cell carcinoma (SCC), neuroendocrine, and basosquamous cell which are not typically salivary gland in origin</li> <li>Almost all SCCs in salivary gland are metastatic nodes from a skin primary or, rarely, a mucosal primary</li> </ul>
Primary Tumor (T)	<ul style="list-style-type: none"> <li>Consolidation of major and minor salivary gland T category definition</li> <li>Definitions clarified for: <ul style="list-style-type: none"> <li>Extraparenchymal extension for T3</li> <li>Bone invasion for T4</li> </ul> </li> </ul>
Regional Lymph Nodes (N), Clinical N (cN)	<ul style="list-style-type: none"> <li>Replacement of laterality with lymph node number (1-3 vs &gt;3)</li> <li>Elimination of the N3 category</li> <li>Addition of imaging detection extranodal extension (iENE) in addition to clinical ENE as a cN criterion</li> <li>N1: 1-3 lymph nodes involved, without unequivocal iENE and/or clinical ENE</li> <li>N2: &gt;3 lymph nodes involved, or any lymph node with unequivocal iENE and/or clinical ENE</li> </ul>
Regional Lymph Nodes (N), Pathological N (pN)	<ul style="list-style-type: none"> <li>Replacement of laterality with lymph node number (1-3 vs &gt;3)</li> <li>Elimination of the N3 category</li> <li>Simplification of pN-positive category</li> <li>N1: 1-3 lymph nodes involved without definitive pENE</li> <li>N3: &gt;3 lymph nodes involved, or any lymph node with definitive pENE</li> </ul>
AJCC Prognostic Stage Group	<ul style="list-style-type: none"> <li>Confinement of M0 disease in Stages I, II, IIIA, and IIIB, while reserving stage IV for M1 disease</li> <li>Stage I: T1 N0</li> <li>Stage II: T2 N0</li> <li>Stage IIIA: T1-T2 N1 or T3-T4 N0</li> <li>Stage IIIB : T1-T2 N2 or T3-T4 N1-N2</li> </ul>
<i>Note : refer to the AJCC Online Staging Manual for additional news or updates.</i>	

## Your Data Submissions at Work: Impact Across the State

MACR analyzes and regularly publishes important Massachusetts cancer data and statistics. Data tools and reports share information with our data partners and reporters about cancer incidence and mortality. These tools and reports are available to the public and can be found at <https://www.mass.gov/info-details/massachusetts-cancer-data-and-statistics>.

In future *e-minders* we will share more details about specific projects and reports generated in 2026.

MACR Holidays and Office Closures		Contact Information
June 19, 2026	Juneteenth	<b>Please contact us if you have any questions</b> <i>Email:</i> <a href="mailto:Nancy.Klein@mass.gov">Nancy.Klein@mass.gov</a> Massachusetts Cancer Registry 250 Washington Street Boston, MA 02108
July 3, 2026	Independence Day	
September 7, 2026	Labor Day	

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DPH-Cancer Registry, Office of Health Data, Strategy, and Innovation, 250 Washington St, Boston, MA 02108 USA

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