

The following is a sample of the CLP Activity Report. This report is part of the Survey Application Record (SAR) and will be completed by the CLP on-line.



Cancer Liaison Physician Activity Report

1. Please indicate the meetings attended at the national and state level during the last calendar year:

	Meetings attended	Was the meeting financially supported by your facility?
Commission on Cancer Annual Meeting (Clinical Congress – October)		
Cancer Liaison Physician Breakfast (Clinical Congress – October)		
ACoS Chapter Meeting(s)		
State Cancer Liaison Physician Meeting (hosted by State Chair)		
CoC Web Conference on the Role of the Cancer Liaison Physician		

2. How often do you present CoC topics to your facility cancer committee and/or cancer program leadership?

- Monthly
 Quarterly
 Twice a year
 Annually
 As needed
 Never

3. What topics have you presented to your cancer committee and/or cancer program leadership in the last calendar year? (check all that apply)

- Summary of CoC meeting(s)
 CoC Flash e-mail newsletter topics
 Items from Cancer Liaison Physician quarterly update, *News CLiPs*
 National Cancer Data Base (NCDB) Benchmark Reports
 Staging issues
 State cancer plan activities
 Community outreach activities
 Collaborations with ACS
 Other _____

4. Do you fill one of the following leadership roles? (check all that apply)

- Cancer committee chair
 Cancer conference coordinator
 Quality control of cancer registry data coordinator
 Quality improvement coordinator
 Community outreach coordinator
 Other _____
 None of the above

The following is a sample of the CLP Activity Report. This report is part of the Survey Application Record (SAR) and will be completed by the CLP on-line.

SAMPLE

5. List the name of your State Chair below.

6. How often does your State Chair communicate with you?

- Monthly Quarterly Twice a year Annually
 As needed Never

7. Would you like your State Chair to contact you regarding questions/concerns that you have?

- Yes No

8. Have you made contact with your local American Cancer Society (ACS) representative?

- Yes No
 Our facility does not have an ACS representative
 Unsure of who to contact

9. List the name of the ACS representative to your facility. (Please indicate 'not applicable' if your facility does not have an ACS representative)

10. My role in collaborating with the ACS includes: (check all that apply)

- Facilitating community outreach activities (i.e. education and screening)
 Defining the menu of ACS programs and services offered at my facility
 Member of the local ACS Board/committee
 Medical spokesperson
 Assisting in community assessment
 Fund-raising activities
 I do not collaborate with the American Cancer Society
 Other _____

11. Please identify barriers to working with the ACS in your area. (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> No ACS office in area | <input type="checkbox"/> ACS staff has limited time/resources |
| <input type="checkbox"/> Unsure of who to contact | <input type="checkbox"/> Unsure of what to collaborate on |
| <input type="checkbox"/> ACS is uncooperative | <input type="checkbox"/> ACS programs do not fit facility's needs |
| <input type="checkbox"/> Change of ACS personnel | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> No barriers exist | |

The following is a sample of the CLP Activity Report. This report is part of the Survey Application Record (SAR) and will be completed by the CLP on-line.

SAMPLE

12. Does an ACS representative participate in cancer committee meetings?

- Yes No

13. What duties do you perform in your role as Cancer Liaison Physician? (check all that apply)

- Ensure your facility's compliance with the CoC Standards
- Promote the cancer program as a CoC-approved facility
- Spearhead CoC quality studies (e.g. Stage III Colon Cancer CP³R)
- Use NCDB Hospital Comparison Benchmark Reports to identify areas for improvement
- Support utilization and compliance with treatment guidelines
- Spearhead CoC special studies (when asked to participate)
- Participate in quality control of registry data
- Ensure accurate physician staging
- Ensure timely and quality submission of NCDB data
- Play a role in CoC survey preparation and participation
- Promote participation in clinical trials
- Advocate for your cancer registry
- Involved in planning/implementation of state cancer plan
- Facilitate your institution's relationship with the ACS
- Other _____

14. Has your facility released Facility Information Profile System (FIPS) Level II cancer caseload data to ACS?

- Yes No

15. If no, please indicate the reasons why your facility has not released Level II data. (check all that apply)

- Staging data does not correspond with the facility registry data
- Organ classification does not correspond with facility registry data
- Data is confidential
- Data creates competition among neighboring facilities
- Data is not an accurate representation of our facility cancer caseload
- The facility fears that the public equates low volume with poor outcomes
- Other _____

16. Do you enroll patients in clinical trials?

- Yes No

The following is a sample of the CLP Activity Report. This report is part of the Survey Application Record (SAR) and will be completed by the CLP on-line.

SAMPLE

17. Indicate the estimated number of patients that you enrolled in clinical trials in the past year.

- 45+
- 26-45
- 16-25
- 6-15
- < 5
- I did not enroll any patients in the past year
- Not applicable

18. Are you a member of the American College of Surgeons Oncology Group (ACOSOG)

- Yes
- No

19. Indicate the estimated number of patients that you enrolled in ACOSOG clinical trials in the past year.

- 45+
- 26-45
- 16-25
- 6-15
- < 5
- I did not enroll any patients in the past year
- Not applicable

20. Please indicate your satisfaction with your role as Cancer Liaison Physician.

- Satisfied
- Indifferent
- Not Satisfied

21. Are you getting adequate direction from the CoC on your role?

- Yes
- No

22. Please identify ways in which the CoC can support you to be more effective in your role.

23. Do you have any concerns with the retention of your program as a CoC approved program?

- Yes
- No

If yes, please identify these concerns:

The following is a sample of the CLP Activity Report. This report is part of the Survey Application Record (SAR) and will be completed by the CLP on-line.

SAMPLE

24. In a brief paragraph, summarize an activity or project implemented at your facility this past year that was particularly unique or effective that you were involved in as CLP.

Surveyor Rating:

In your opinion, what is the level of involvement of the CLP in the facility's Cancer Program?

(Drop-down box):

- Significant
- Adequate
- Little to None

	Comments
Facility	
Surveyor	
CoC Staff	