



Commission  
on Cancer

# Flash



A Monthly News Update from the Commission on Cancer of the American College of Surgeons

**January 11, 2008**

### **Special Announcement**

To: CoC Constituents and those in CoC-Accredited Cancer Programs

From:

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Subject: Staging Data Collection

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The Commission on Cancer (CoC) recently announced changes in the mechanisms of staging data collection designed to strengthen the quality of data and improve registry operational efficiency. We are writing to emphasize the importance of this, and to voice the collaborative support of the CoC and the American Joint Committee on Cancer (AJCC) for these changes. Both organizations view this as a major step forward in promoting the use of staging in clinical practice and improving the scope and quality of registry staging data.

The need for change became evident over the last few years. The AJCC and CoC place strong emphasis on physician use of staging. Coordinated education and surveying efforts in recent years have successfully improved the level of staging by physicians. However, on review, it was determined that the current mechanisms for implementing and surveying CoC standards fall short of fully meeting their core goals.

The CoC standards call for the use of staging in making treatment decisions and for the documentation of staging in a standardized location in the medical record. This is operationalized in most programs by requiring the physician to complete an AJCC Staging Form. This is most often done about 6 months after diagnosis. While this may document physician staging, it does not demonstrate use of staging in treatment decisions, nor does it assure the most accurate information in the registry. In addition, the effort of getting physicians to complete the form often requires repeated contact and cajoling that in some circumstances sets up an adversarial relationship between the registrar and physician.

To address these issues, the CoC, established a Staging Work Group that includes physicians, registrars, and CoC and AJCC staff. The work group reviewed the core goals for staging data collection as defined by existing standards, and identified the best mechanisms to achieve these goals. Its recommendations led to the changes announced in December 2007. The full report of the Staging Working Group is available online at <http://www.facs.org/cancer/coc/surveyresources.html>.

The Staging Work Group identified two major goals in the CoC standards related to staging:

Goal 1: To promote the use and documentation of staging in treatment planning.

Goal 2: To record accurate staging data in the cancer registry.

The Staging Work Group recommended the following changes in the implementation of CoC standards to better achieve these goals:

1. Continue to collect the overall final TNM Stage using the Collaborative Staging System.

The changes require NO change in the requirement to collect Collaborative Staging System data. Currently, in addition to recording physician generated stage, cancer registrars in CoC, SEER and State Registry systems collect the final staging information using the Collaborative Staging System that records the primary data elements and then derives TNM stage.

2. Identify improved mechanisms to promote and document the use of TNM staging in treatment planning.

The current system does not adequately promote and document use of staging in treatment planning. However, the best mechanisms to do this are not fully clear. To address this goal, the CoC and AJCC recently formed a task force to identify the best options for this. This group will develop recommendations in the first 2 quarters of 2008 for changes in the CoC Standards to be applied in 2009.

3. Collect clinical stage in the cancer registry on Class of Case 1 and 2 cases.

Currently, clinical stage, which is based on evidence acquired before primary treatment, is only recorded in the registry in about 40% of cases. The changes require recording of clinical stage on all cases. Where the physician records clinical stage in the record, this will be used. If programs have an effective means for communicating this information from the physician to the registrar, they are encouraged to continue them. If the physician fails to record clinical stage, the cancer registrar will use the available data to define and record clinical stage without having to re-contact the physician. Many consider this one of the most important steps forward in years in assuring collection of useful data in the cancer registry.

These directives also reinforce that responsibility for enhancing physician staging lies with the Cancer Committee. The directives provide the Cancer Committee with the latitude to define the best way for physicians to communicate clinical stage to the registry in their specific practice setting. If the Cancer Committee determines that the use of the AJCC Staging Form is the best vehicle for this that is fine. However, the cancer registrar will not be required to repeatedly contact physicians to complete this form. These changes will result in more accurate staging data in the registry; collected in a more efficient manner.

A key component of the directives is improving mechanisms for collecting clinical stage. As noted, programs that effectively use the AJCC Staging Form may continue to do so. Many CoC-accredited programs have projects in development to incorporate collection of stage and staging forms into their electronic medical records (EMR). These directives do not change the value of developing enhanced EMR mechanisms for physicians to record stage, and for the information they record to be transmitted to the registrar for inclusion in the registry.

Most importantly, the CoC, in collaboration with the AJCC, will be exploring best practices that enhance use of staging in clinical practice. This presents an exciting opportunity to enhance the quality of care. Physicians, registrars and administrators in accredited programs should view the changes as a positive step in assuring that we all get the best value from our efforts.

We look forward to and specifically seek comments on implementation of these directives, and for ideas on the best way to promote and document use of staging in treatment planning. Please send comments and suggestions to [CoC@facs.org](mailto:CoC@facs.org). Thank you.



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