



Standard 2.1: Organizational Structure

By-Law 1:

USA Medical Center bylaws: Updated 1/1/2007

Cancer Committee

I. Composition

The cancer committee includes at least one (1) physician member from the required specialties: diagnostic radiology, pathology, general surgery, medical oncology, and radiation oncology. The cancer committee includes at least one (1) physician member representing the five major cancer sites (breast, prostate, lung, colon/rectum, and skin).

The committee shall consist of at least one (1) non-physician member from: cancer program administration, oncology nursing, social services, cancer registry, and quality improvement.

Additional physician or non-physician members include: hospice, palliative care, clinical research, nutrition, pharmacy, pastoral care, mental health, American Cancer Society, and public member of the community served.

The cancer committee chair is a physician who may also fulfill the role of one of the required physician specialties. The Cancer Liaison Physician must be a member of the cancer committee and fulfill the role of one of the required physician specialties.

II. Responsibilities

1. Responsible and accountable for all cancer program activities at USA Medical Center.
2. Designates one coordinator for each of the four areas of cancer committee activity: cancer conference, quality control of cancer registry data, quality improvement, and community outreach. The Cancer Liaison Physician must fulfill the role of the community outreach coordinator.
3. Develops annual goals and objectives for clinical, community outreach, quality improvement, and programmatic endeavors related to cancer care.
4. Evaluates annual goals and objectives for clinical, community outreach, quality improvement, and programmatic endeavors on an annual basis.

5. Establishes the cancer conference frequency, format, and multidisciplinary attendance requirements for cancer conferences on an annual basis.
6. Ensures that the required number of cases are discussed at cancer conference and that at least 75 percent of the cases discussed at cancer conferences are presented prospectively.
7. Monitors and evaluates the cancer conference frequency, multidisciplinary attendance, total case presentation, and prospective case presentation on an annual basis.
8. Establishes and implements a plan to evaluate the quality of cancer registry data and activity on an annual basis.
9. Completes site-specific analysis that includes comparison and outcome data and disseminates the results of the analysis to the medical staff.
10. Reviews 10 percent of the analytic caseload to ensure that AJCC staging is assigned by the managing physician and recorded on a staging form in the medical record on at least 90 percent of eligible analytic cases.
11. Reviews 10 percent of the analytic caseload to ensure that 90 percent of cancer pathology reports include the scientifically validated data elements outlined in the CAP protocols.
12. Provides a formal mechanism to educate patients about cancer-related clinical trials.
13. Reviews the percentage of cases accrued to cancer-related clinical trials each year.
14. Monitors community outreach activities on an annual basis.
15. Offers one cancer-related educational activity each year.
16. Completes and documents the required studies that measure quality and outcomes.
17. Implements two improvements that directly affect patient care.
18. Establishes subcommittees or workgroups as needed to fulfill cancer program goals.

III. Meetings

1. Meets at least once per calendar quarter each year.

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The cancer committee at USA Medical Center will follow the requirements outlined in the most current CoC Cancer Program Standards. See medical staff policy and procedure manual for full scope of duties.