



## 2011 Member Organization Cancer Care Initiatives



<b>Acronym</b>	<b>Organization</b>
AAHPM	American Academy of Hospice and Palliative Medicine
AAP	American Academy of Pediatrics
AACE	American Association of Cancer Education
ACS	American Cancer Society
ACOG	American College of Obstetricians and Gynecologists
ACOA	American College of Oncology Administrators
ACP	American College of Physicians
ACR	American College of Radiology
ACOSOG	American College of Surgeons Oncology Group
ACOSRAS	American College of Surgeons Resident and Associate Society
ACOSYFA	American College of Surgeons Young Fellows Association
ADA	American Dietetic Association
AHNS	American Head and Neck Society
AHA	American Hospital Association
AJCC	American Joint Committee on Cancer
AMA	American Medical Association
APSA	American Pediatric Surgical Association
APOS	American Psychosocial Oncology Society
ARS	American Radium Society
ASBS	American Society of Breast Surgeons
ASCO	American Society of Clinical Oncology
ASCRS	American Society of Colon and Rectal Surgeons
ASTRO	American Society for Radiology and Oncology
AUA	American Urological Association
AACI	Association of American Cancer Institutes
ACE	Association of Cancer Executives
ACCC	Association of Community Cancer Centers
AOSW	Association of Oncology Social Work
CSC	Cancer Support Community
CDC	Centers for Disease Control and Prevention
CAP	College of American Pathologists
DOD	Department of Defense
VA / VHA	Department of Veterans Affairs / Veterans Health Administration
<b>LIVESTRONG</b>	<b>LIVESTRONG</b>
NCI	National Cancer Institute (Applied Research and SEER)
NCRA	National Cancer Registrars Association
NCCS	National Coalition for Cancer Survivorship
NCCN	National Comprehensive Cancer Network
NCBC	National Consortium of Breast Centers
NSGC	National Society of Genetic Counselors
NSABP	National Surgical Adjuvant Breast and Bowel Project
NAACCR	North American Association of Central Cancer Registries
ONS	Oncology Nursing Society
SGO	Society of Gynecologic Oncologists
SNM	Society of Nuclear Medicine
SSO	Society of Surgical Oncology
STS	Society of Thoracic Surgeons



## Current Cancer Care Initiatives – 2011

**Organization Name:** American Academy of Hospice and Palliative Medicine (AAHPM)

**Year Joined the CoC:** 1996

**Mission Statement:** AAHPM is comprised of more than 4,200 physicians and other health care professionals who are committed to improving the care of patients with serious or life-threatening conditions. The Academy's mission is to expand access of patients and families to high-quality palliative care and advance the discipline of hospice and palliative medicine through professional education and training, development of a specialist workforce, support for clinical practice standards, research, and public policy.

**Website:** [www.aahpm.org](http://www.aahpm.org) and [www.PalliativeDoctors.org](http://www.PalliativeDoctors.org) (patients)

### **Major Projects/Key Initiatives Underway:**

AAHPM's goals and objectives are to:

- **Strengthen communities within AAPHM.** AAHPM members collaborate through participation in unique professional communities that reflect specific areas of expertise and provide opportunities for constructive contribution to the field of hospice and palliative care.
- **Build workforce and leadership.** AAHPM will help attract, develop and retain the workforce of tomorrow that will be composed of competent leaders and prepared physicians, including researchers, educators, and clinicians who practice hospice and palliative medicine and help the organization reach its goals.
- **Advance knowledge and competence.** AAHPM will work to educate physicians at all career stages and in all practice settings to achieve high levels of competence in palliative care.
- **Promote quality and evidence-based research.** AAHPM disseminates clinical standards and best practices in palliative care and promotes training, funding, and implementation of research that expands the evidence base for these practices.
- **Increase external awareness and reach.** AAHPM improves the lives of patients and families facing serious or life-threatening conditions by increasing understanding, acceptance, and utilization of palliative medicine.
- AAHPM is encouraging its members to **certify in hospice and palliative medicine** through the ABMS pathway. The next exam will be given October 4, 2012. Applications need to be submitted through the practitioner's primary board. The co-sponsoring boards include the American Boards of Internal Medicine, Anesthesiology, Family Medicine, Physical Medicine and Rehabilitation, Psychiatry and Neurology, Surgery, Pediatrics, Emergency Medicine, Radiology, and Obstetrics and Gynecology.

### **Recently Released Publications and/or Products:**

- The *Journal of Pain and Symptom Management* continues as the official journal of AAHPM.
- *PC-FACS* is a semi-monthly e-publication that provides palliative care clinicians with concise summaries of the most important findings from more than 50 medical and scientific journals.

- **Primer of Palliative Care** includes information on pain management; dyspnea; gastrointestinal symptoms; delirium, depression and anxiety, fatigue and spirituality; goal-setting, prognostication and self-care; last-resort options; and care during the last hours of life.
- **The Hospice and Palliative Care Training for Physicians: UNIPAC** book series is an excellent resource for oncologists and other clinicians interested in incorporating palliative medicine principles into their practice.
- **UNIPAC QR**, serves as a guide to the tabular and graphic content from the UNIPAC books and contains up-to-date material about pharmaceutical regulatory, ethical, and psychosocial aspects of hospice and palliative medicine.
- **AAHPM Physician Compensation and Benefits Survey – 2010 Report** exams work arrangements, salary and other earnings, benefits, and perquisites across a number of physician roles. Includes data from nearly 800 physicians working in the field.
- **HPM PASS** and **HPM FAST** are online practice tests that assess physicians' knowledge in hospice and palliative medicine.
- AAHPM offers an online library with access to past **webinars**. Topics cover a variety of issues relevant to hospice and palliative medicine professionals.

***Scheduled Conferences/Meetings/Educational Programs:***

- **Hospice Medical Director Course** will be held in Grapevine, Texas, September 8-10, 2011.
- **Annual Assemblies** will be held March 7-10, 2012 in Denver, Colorado; March 13-16, 2013 in New Orleans, Louisiana; and March 12-15, 2014 in San Diego, California.

***Please briefly describe your legislative/advocacy agenda:***

AAHPM engages in public policy advocacy to advance the field, promote the interests of palliative care and hospice patients, and support the health professionals that care for them. Priorities for 2011:

- **developing an adequate, well-trained hospice and palliative care workforce** to ensure access to quality care for the expanding population of patients with multiple chronic conditions or life-limiting or serious illness, as well as their families.
- **expanding access to and delivery of hospice and palliative medicine services** in all clinical settings and emerging payment models, including reimbursement for physician time spent in patient/family consultation to determine patient goals and align treatment, such as advance care planning.
- **increasing funding for palliative care research** to strengthen clinical practice and improve health care delivery for patients living with multiple chronic conditions or life-threatening or serious illness, as well as their families.
- **ensuring timely access to prescription medications** – including certain federally-controlled substances, such as opioid analgesics – for patients with medically appropriate indications.
- **promoting patient safety** through efforts to include palliative care in national quality strategies; promote recognition that care coordination and multidisciplinary teams are essential for improving care; and involve patients and their families in the design, delivery, and evaluation of care.

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- Development of QOL outcomes measures
- Increased palliative medicine research
- More timely referral to hospice and palliative care services

***Submitted by:*** Geoffrey P. Dunn, MD, FACS

***Date:*** March 15, 2011



## Current Cancer Care Initiatives – 2011

**Organization Name:** American Academy of Pediatrics

**Year Joined the CoC:** 1967

**Mission Statement:** To attain optimal physical, mental and social health and well-being for all infants, children, adolescents and young adults. To this purpose, the AAP and its members dedicate their efforts and resources.

**Website:** [www.aap.org](http://www.aap.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities): None.

**Recently Released Publications and/or Products:**

1. There were 6 cancer related papers presented in the Section on Surgery Scientific Sessions at the AAP National Conference and Exhibition in San Francisco in October 2010. These papers will be published in the Journal of Pediatric Surgery this spring.

2. AAP Web site for parents [www.healthychildren.org](http://www.healthychildren.org) has cancer as one of their topics and several articles on the Cancer page <http://www.healthychildren.org/English/health-issues/conditions/cancer/Pages/default.aspx>

**Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), and location(s):

American Academy of Pediatrics National Conference & Exhibition, October 15-18, 2011, Boston, Massachusetts

In addition to the Section on Surgery, which regularly holds cancer-related sessions at the AAP National Conference and Exhibition, the AAP also has a Section on Hematology/Oncology.

[www.aapexperience.org](http://www.aapexperience.org)

**Please briefly describe your legislative/advocacy agenda:**

The American Academy of Pediatrics (AAP) supports the current health reform law, [the Patient Protection and Affordable Care Act \(P.L. 111-148\)](#) and [the Health Care and Education Reconciliation Act of 2010 \(P.L. 111-152\)](#), and will continue to work with the Administration to ensure that the law is implemented to provide the best possible outcomes for children and the pediatricians who care for them. The AAP will also work with our members and chapters at the state and local level to keep health reform implementation focused on children.

The Academy's priorities for health reform are included in the current health reform law:

1. Health care coverage for all children in the United States
2. Age-appropriate benefits in a medical home
3. Appropriate payment rates and workforce improvements to allow real access to covered services

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

None.

***Submitted by:*** Jed G. Nuchtern, M.D., FACS, FAAP  
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***Date:*** April 15, 2011

**Organization Name:** American Cancer Society

**Year Joined the CoC:** 1953

**Mission Statement:** The American Cancer Society is the nationwide community- based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service.

**Website:** [www.cancer.org](http://www.cancer.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- Increasing prevention and early detection of cancer
- Providing high-quality, timely, understandable cancer information
- Increasing quality of life for cancer patients and survivors across the cancer continuum.
- Continuing to implement the Access to Care strategy
- Continuing pilot studies for Cancer Prevention Study-3 (CPS-3), a large cohort study that will further our understanding of factors that cause or prevent cancer
- Continuing local, State, Federal and International tobacco control efforts

**Recently Released Publications and/or Products:**

- *The Long and the Short of It: A Tale about Hair* follows the stories of Isabel and Emma, two young girls with “hair problems.” One wants her hair to be longer; the other has lost her hair during cancer treatment and would just like to have it back.
- The Society launched *Chemo Cards* – a companion collection of greeting cards by Tani Miller. Each card features a positive, warm-hearted message to encourage, support, and give hope to people undergoing chemotherapy.
- *The Affordable Care Act: How It Helps People With Cancer and Their Families*, a publication of the American Cancer Society with assistance from its advocacy affiliate, the American Cancer Society Cancer Action Network<sup>SM</sup> (ACS CAN), is now available. This new, consumer-friendly guide describes in simple terms how provisions of the Affordable Care Act help people with cancer and their families.
- The American Cancer Society now has two new powerful ways to continue our progress against cancer: art and music. Famous musicians and artists from across the country have come together – inspired by the efforts of the American Cancer Society, our supporters, and everyone affected by cancer – to generously donate their talent and creative energies to help grow our movement, save more lives, and inspire everyone to take action in the fight.
- *Kicking Butts: Quit Smoking and Take Charge of Your Health, Second Edition* offers simple, practical, and specific strategies for quitting smoking. The second edition includes the latest information on medications, over-the-counter products, and other therapies used for smoking cessation. The potential advantages and disadvantages of stop-smoking medications are described in text and tabular formats. The book includes

sections on non-FDA-approved nicotine and tobacco products and other “unproven” therapies sometimes used for smoking cessation. Written in an understanding yet direct way, this book motivates smokers to create quitting plans that make the most sense to them while offering the best possible chances for long-term success.

- As a leader in the global cancer and tobacco control movements, the American Cancer Society joined with the World Lung Foundation to publish *The Tobacco Atlas*, Third Edition.

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and location(s):

- National Board of Directors Meeting, May 10 – 13, Atlanta, GA
- National Board of Directors Meeting, August 2 – 5, Atlanta, GA
- Annual Meeting, November 8 – 11, Atlanta, GA

***Please briefly describe your legislative/advocacy agenda:***

- Educating and Influencing the public policy debate
- More funding for Cancer Research
- Tobacco control programs
- Access to screening and early detection
- State mandated insurance benefit coverage
- Protecting kids from big tobacco
- Improve pain management
- Increase Quality of Life of Cancer Patients, Survivors and Caregivers

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- Protecting the FDA’s oversight of tobacco products.
- Increasing enrollment in CPS-3
- Ongoing disparities in cancer diagnosis and survival rates make efforts to ease the cancer burden among racial and ethnic minorities and the medically underserved more critical than ever
- Improving and expanding access to care for cancer-related services
- Influencing investments by communities in quality of life services
- Translating research into discovery and community action

***Submitted by:*** Kathryn O’Toole

***Date:*** April 5, 2011

**Organization Name:** American College of Obstetricians and Gynecologists

**Year Joined the CoC:** 1966

**Mission Statement:** To advance women's health through education, advocacy, practice and research.

**Website:** [www.acog.com](http://www.acog.com)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- Developing project to disseminate educational materials for women's health care providers to improve their understanding of early detection of ovarian cancer, supported by the Ovarian Cancer Research Fund.
- Continued partnership with Society of Gynecologic Oncologists (ACOG-SGO Liaison group and reciprocal liaisons between the College and SGO committees—Robert V. Higgins, MD)
- In partnership with SGO, providing support for gynecologic oncologist for a year of breast fellowship training.
- Participating in Allied Support Group of the Foundation for Women's Cancer.
- Participating with Centers for Disease Control and Prevention to advance Johanna's Law initiatives.

**Recently Released Publications and/or Products:**

- Committee Opinion #477, "The Role of the Generalist Obstetrician–Gynecologist in the Early Detection of Epithelial Ovarian Cancer" (joint with the Society of Gynecologic Oncologists, March 2011)
- Committee Opinion #482, "Colonoscopy and Colorectal Cancer Screening Strategies" (March 2011)
- Committee Opinion #478, "Family History as a Risk Assessment Tool" (March 2011)
- Patient Education Pamphlet AP163 (SP163 -- Spanish), "Cancer of the Cervix" (November 2010)
- Committee Opinion #463, "Cervical Cancer in Adolescents: Screening, Evaluation, and Management" (August 2010)
- Patient Education Pamphlet AP007 (SP007 -- Spanish), "Reducing Your Risk of Cancer" (August 2010)
- Patient Education Pamphlet AP008 (SP008 -- Spanish), "Hysterectomy" (June 2010)

**Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), and location(s):

- ACOG's 59th Annual Clinical Meeting, Washington, D.C., April 30 - May 4, 2011
- ACOG Postgraduate Course: Update on Cervical Diseases, New York, NY, December 1-3, 2011
- ACOG Postgraduate Course: Robotic Surgery: The Promise and the Peril, webcast, July 12, 2011

***Please briefly describe your legislative/advocacy agenda:***

- Ensure that preventive services for women authorized in the Women's Health Amendment of the Patient Protection and Affordable Care Act currently being defined by the IOM and HHS include a comprehensive set of preventive services, including the well woman exam
- Continue to support comprehensive funding for:
  - National Breast and Cervical Cancer Early Detection Program (NBCCEDP);
  - Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN);
  - Johanna's Law;
  - Medicaid Breast and Cervical Cancer Prevention Treatment (BCCPT);
  - Title X Family Planning
  - Research at the National Institutes of Health, including the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), and the National Cancer Institute; and
  - CDC Programs on Human Papillomavirus (HPV) Immunization and Cervical Cancer Prevention.
- Support the Ovarian Cancer Research Program in the Department of Defense appropriations bill.
- Participate in the *One Voice Against Cancer* coalition, working for adequate budget resources for cancer research at the NIH, cancer prevention and control programs at the CDC, and other cancer programs at HRSA and the Office of the HHS Secretary.
- Work with a coalition of groups to protect the Gynecologic Oncology Group during the re-structuring of the NCI Cooperative Group program; development and implementation of legislative and regulatory strategy is ongoing
- Support for HR 111, the Breast Cancer Patient Protection Act
- Liaison partner to National Cancer Advisory Board

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- Implementation of health care reform, particularly the women's health amendment, and the testing of a women's medical home through the CMS Innovation Center

***Submitted by:*** Dr. Benjamin E. Greer

***Date:*** Mach 29, 2011



## Current Cancer Care Initiatives – 2011

**Organization Name:** American College of Oncology Administrators/American Academy of Medical Administrators

**Year Joined the CoC:** 1993

**Mission Statement:** To bring together all components of oncology management to develop quality educational programs, provide sound evaluation mechanisms, assist in response to national issues and foster a climate of formal and informal exchange among members.

**Website:** [www.aameda.org](http://www.aameda.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- Offering quality educational programs through annual conferences and webinars.
- Expanding partnerships and collaborating with other oncology focused organizations including the American Cancer Society, Live Strong, National Cancer Registrars Association and Oncology Nurses Society.
- Sustain and strengthen ACOA through recruitment of new members.
- Expansion of tools and resources for members to advance their oncology programs.
- Encourage awareness of best practices and of management solutions through live and online communication opportunities.

**Recently Released Publications and/or Products:**

- AAMA issues a bi-monthly online newsletter and a monthly e-newsletter covering current professional issues and Academy news.
- The *AAMA Executive Online* provides information to keep AAMA members current through peer-reviewed healthcare articles, book reviews, etc. This electronic publication is published six times yearly.
- *The ACOA Communique*, a bi-monthly e-newsletter, covers ACOA news and oncology administration resources and information.
- Edu-Link on-line learning provides opportunities for continuing education programs via webinar and on-demand for health care professionals and administrators.

**Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), and location(s)):

- 2011 ACOA Oncology Update “Achieving Excellence in the New Healthcare Era”, June 22-24, 2011, Chicago, Ill.
- 2011 AAMA Annual Conference, Nov.15-18, 2011; with a focused track for oncology administrators. Agenda under development.

**Please briefly describe your legislative/advocacy agenda:**

- None

*Please list emerging issues within your organization that the CoC should become engaged/involved in:*

- Continue to partner and support ACOA initiatives

*Submitted by:* Susan Van Loon

*Date:* March 25, 2011

**Organization Name:** American College of Radiology

**Year Joined the CoC:** 1953

**Mission Statement:** To serve patients and society by maximizing the value of radiology, radiation oncology, interventional radiology, nuclear medicine, and medical physics by: advancing the science of radiology; improving the quality of patient care; positively influencing the socioeconomics of the practice of radiology; providing continuing education for radiology and allied health professions; and conducting research for the future of radiology.

**Website:** [www.acr.org](http://www.acr.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- **Mammography Saves Lives Campaign**

In response to the controversy sparked by the 2009 USPSTF breast-screening guidelines, the ACR Commission on Breast Imaging, the SBI and the American Society of Breast Disease (ASBD) collaborated to create and promote a new campaign, Mammography Saves Lives™, which seeks to encourage annual mammography screening for women, beginning at age 40. The campaign was launched in the fall of 2010 in time for Breast Cancer Awareness Month.

The campaign's website, [www.mammographysaveslives.org](http://www.mammographysaveslives.org), features testimonials from breast-cancer survivors and informative podcasts from Carol Lee, MD, FACR, W. Phil Evans, MD, FACR and Gail S. Lebovic, M.D., FACS, ASBD president.

Since the campaign's launch in the fall, the television PSAs (See [www.youtube.com/user/MammographySaves](http://www.youtube.com/user/MammographySaves)) have aired more than 10,000 times on TV stations nationwide and have been viewed by nearly 27 million people. The radio PSAs have aired 2,200 times on radio stations across the country, reaching 10 million people. Traditional radio ads have aired 3,600 times and have reached 5.5 million listeners. Satellite radio airings on the ABC Radio Network, Disney Radio, Urban Radio Network, and various Sirius/XM radio stations have connected with nearly 40 million listeners.

- **BI-RADS®**

All three sections of BI-RADS®, mammography, ultrasound and MRI, are in the process of being updated. We anticipate publication will take place in the second half of 2011.

- **National Mammography Database**

As of March 2011, there are 33 sites participating in the registry and data from over 1.1 million cases have been submitted.

- **Joint ACR/ ASTRO Radiation Oncology Accreditation Program**

There are currently 229 accredited radiation oncology accreditation sites and there are another 94 pending site surveys.

- **Radiation Therapy Oncology Group (RTOG):** The group's investigators continue to develop trials that rigorously evaluate the integration of optimized radiotherapy with new classes of anticancer therapies and test hypotheses related to biomarker and quality of life research. Following are trials that have opened or are expected to open in 2011.
  - **RTOG 0933** – A Phase II trial of hippocampal avoidance during whole brain radiotherapy for brain metastases.
  - **RTOG 1016** – Phase III Trial of Radiotherapy Plus Cetuximab versus Chemo-radiotherapy in HPV-Associated Oropharynx Cancer
  - **RTOG 1102** – A Phase I Study of Induction AMG 479 and Gemcitabine, Followed by AMG 479, Capecitabine, and 3D-Conformal Radiation Therapy (3D-CRT) With Subsequent Maintenance Therapy for Locally Advanced Pancreatic Cancer
  - **RTOG 0924** – Androgen Deprivation Therapy and High Dose Radiotherapy With or Without Whole-Pelvic Radiotherapy in Unfavorable Intermediate or Favorable High Risk Prostate Cancer: A Phase III Randomized Trial
  - **RTOG 0938** – A Randomized Phase II Trial of Hypofractionated Radiotherapy for Favorable Risk Prostate Cancer
  - **RTOG 1005** – A Phase III Trial of Accelerated Whole Breast Irradiation With Hypofractionation Plus Concurrent Boost Versus Standard Whole Breast Irradiation Plus Sequential Boost For Early- Stage Breast Cancer
  
- **American College of Radiology Imaging Network (ACRIN):** During the past year, there has been a shift of research focus from the clinical validation of mature imaging technology to that of evaluating emerging technology—especially functional and molecular imaging as represented by the trials recently opened or expected to open in 2011.
  - **ACRIN 6691** – Monitoring and Predicting Breast Cancer Neoadjuvant Chemotherapy Response Using Diffuse Optical Spectroscopic Imaging (DOSI)
  - **ACRIN 6695** – Ovarian Cancer: Evaluating Perfusion CT as Prognostic Indicator: a sub-study of GOG 0262
  - **ACRIN 4006** – Comparison of Full-Field Digital Mammography with Digital Breast Tomosynthesis in Screening Call-Back Rate
  - **ACRIN 6674** – A Phase II Multi-Center Study of Focused Ultrasound Ablation of Breast Cancer Under MR Guidance (MRgFUS) and MRI Evaluation of Ablation
  
- **Quality Research in Radiation Oncology (QRRO):** QRRO participated in the WI CaRE project carried out in collaboration with the Medical College of Wisconsin and the University of Wisconsin through a cooperative agreement funded by the Centers for Disease Control and Prevention (CDC). The project's purpose is to evaluate the quality of state cancer registry data and the extent to which that data can be enhanced to describe patterns of care for prostate and breast cancer cases. One of the primary aims is to determine the extent to which care received was concordant with nationally recognized treatment guidelines. The project has recently begun reporting results.
  
- **National Oncologic PET Registry (NOPR):** Beginning February 7, 2011, the Centers for Medicare & Medicaid Services began reimbursing sites participating in the National Oncologic PET Registry for 18 Sodium Fluoride (NaF-PET) scans. The primary objective of the expanded NOPR is to assess the effect of NaF-PET on how physicians manage the

care of their Medicare patients. The project seeks to answer questions about whether NaF-PET results in physicians changing patient care to more appropriate palliative or curative care.

**Recently Released Publications and/or Products:**

- **ACRIN Publications:** Recent, In Press, and Soon to be Submitted
  - DeMartini, W; Hanna, L; Gatsonis, C; Mahoney, M; Lehman, C. Evaluation of Tissue Sampling Methods Used for MRI Detected Contralateral Breast Lesions in the American College of Radiology Imaging Network (ACRIN) 6667 Trial. **To be submitted to journal.**
  - Johnson CD; Herman B; Mei-Hsiu C; Toledano A; Heiken J; Dachman A; Kuo M; Menias C; Siewart B; et al. The National CTC colonography Trial: Assessment of accuracy in participants age 65 and older. **Accepted with revisions.**
  - Baum J; Hanna L; Acharyya S; Mahoney M, Conant E; Bassett L; Pisano E. Use of BIRADS 3- Probably Benign in the ACRIN Digital Mammographic Screening Trial (DMIST). **Accepted.**
  - Berg W; Sechtin A; Marques H; Zhang Z. Cystic Breast Masses and the ACRIN 6666 Experience. *Radiologic Clin N America*, 48:931-87. September 2010.
  - Weinstein S; Hanna L; Gatsonis C; Schnall M; Rosen M; Lehman C. Frequency of Malignancy in Probably Benign Lesions Seen on Contrast-Enhanced Breast MRI. *Radiology*, 255:731-37. June 2010
  - Gatsonis, C and the NLST Research Team. The National Lung Screening Trial: Overview and Study Design. *Radiology*, 258(1):243-53. January 2011. E-Pub November 2010.
  
- **RTOG Publications:** Recent, In Press, and Soon to be Submitted
  - Konski A, Bhargavan M, Owen J, Paulus R, Cooper J, Forastiere A, Ang K, Watkins-Bruner D. Feasibility of Economic Analysis of Radiation Therapy Oncology Group (RTOG) 91-11 Using Medicare Data. *Int J Radiat Oncol Biol Phys*. 2011 Feb 1; 79(2):436-442. doi:10.1016/j.ijrobp.2009.11.059.
  - Siker M, Won M, Porter K, Nelson D, Curran Jr W, Michalski J, Souhami L, Chakravarti A, Yung WA, DelRowe J, Coughlin C, Mehta M. Age as an Independent Prognostic Factor in Patients with Glioblastoma: A Radiation Therapy Oncology Group and American College of Surgeons National Cancer Data Base Comparison. *J Neuro-oncology*. In Press [2011 January 9 epub ahead of print]; DOI 10.1007/s11060-010-0500-6.
  - Blumenschein G, Paulus R, Curran W, Robert F, Fossella F, Werner-Wasik M, Doescher P, Choy H, Komaki R. A Phase II Study of Cetuximab (C225) in Combination with Chemoradiation in Patients with Stage IIIA/B Non-Small Cell Lung Cancer (NSCLC): Radiation Therapy Oncology Group Study RTOG 0324. *J Clin Oncol*. In Press.
  - Curran W, Paulus R, Langer C, Komaki R, Lee J, Hauser S, Movsas B, Wasserman T, Rosenthal S, Gore E, Machtay M, Sause W, Cox J. Phase III Comparison of Sequential Vs Concurrent Chemo-Radiation for Patients with Unresected Stage III Non-Small Cell Lung Cancer (NSCLC): Report of Radiation Therapy Oncology Group (RTOG) 9410. *J Natl Can Inst*. In Press.
  - Jones C, Hunt D, McGowan D, Amin M, Chetner M, Bruner D, Leibenhaut M, Husian S, Rotman M, Souhami L, Sandler H, Shipley W. Radiotherapy and Short-term Androgen Deprivation for Localized Prostate Cancer. *N Engl J Med*. In Press.

- Lawrence Y, Wang M, Dicker A, Andrews D, Curran W, Michalski J, Souhami L, Yung W, Mehta M. Early Toxicity Predicts Long-Term Survival in High-Grade Glioma. *Br J Cancer*. In Press.
- Regine W, Winter K, Abrams R, Safran H, Hoffman J, Konski A, Benson III A, MacDonald J, Rich T, Willett C. Fluorouracil - Based Chemoradiation With Either Gemcitabine or Fluorouracil Chemotherapy Following Resection of Pancreatic Adenocarcinoma: 5-Year Analysis of the US Intergroup/RTOG 9704 Phase III Trial. *Ann Surg Oncol*. In Press.
- Small Jr W, Winter K, Levenback C, Iyer R, Hymes S, Jhingran A, Gaffney D, Erickson B, Greven K. Extended Field Irradiation and Intracavitary Brachytherapy Combined with Cisplatin Chemotherapy for Cervical Cancer with Positive Para-Aortic or High Common Iliac Lymph Nodes: Results of Arm 2 of RTOG 0116. *Int J Gynecol Oncol*. In Press

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and location(s):

- ACRIN Annual Meeting, September 21 - 24, 2011, Arlington, VA
- RTOG Semi-Annual Meeting, June 16-19, 2011, Philadelphia, PA  
Education Center Course: ACR-Dartmouth PET/CT Course, March 29-31, 2011
- Education Center Course: CT Colonography Supervised Case Review, May 2011
- Education Center Course: Breast MR with Guided Biopsy, June 2011
- Education Center Course: Breast Imaging Boot Camp, July 2011

***Please briefly describe your legislative/advocacy agenda:***

- **Exclusion of USPSTF Mammography Screening Guidelines as Basis for Coverage Decisions**

As a direct result of intense ACR lobbying efforts, the new law specifically prohibits all insurers from denying coverage for breast cancer screening exams based on the recommendations of the US Preventative Services Task Force.

The ACR Government Relations Commission also oversaw the advocacy of the following bills and legislative issues:

- HR 4794 - Safeguarding Access to Preventative Services Act of 2010 – To prevent the use of USPSTF guidelines in coverage denial decisions by insurers
- HR 5461– Would allow coverage of CTC as a colon cancer screening tool for Medicare beneficiaries
- Radiation Safety – Worked with jurisdictional congressional committees to try and expand existing Medicare accreditation standards as a result of radiation safety hearing in February (ACR testified)

Although these efforts were not enacted during the 111<sup>th</sup> Congress, ACR will take the lead to reintroduce these bills in the 112<sup>th</sup> Congress.

***Submitted by:*** Carol Lee, MD, FACR  
Pamela A. Wilcox, RN, MBA  
Nancy Fredericks  
Joshua Cooper

***Date:*** April 7, 2011

**Organization Name:** American College of Surgeons Oncology Group

**Year Joined the CoC:** 2005

**Mission Statement:** The American College of Surgeons Oncology Group (ACOSOG) was established in 1999 and includes surgeons, representatives of related oncologic disciplines and allied health professionals in academic medical centers and community practices. It is one of ten cooperative groups funded by the National Cancer Institute (NCI) to develop and coordinate multi-institutional clinical trials and is the only surgeon-oriented cooperative group.

**Website:** [www.acosog.org](http://www.acosog.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- To conduct prospective therapeutic cancer trials.
- To conduct prospective cancer control trials.
- To conduct translational laboratory investigations in conjunction with prospective trials.

**Recently Released Publications and/or Products:**

1. **Wilke LG**, Ballman KV, McCall LM, Giuliano AE, Whitworth PW, Blumencranz PW, Reintgen DS, Burak WE, Leitch AM, Hunt KK: Adherence to the National Quality Forum (NQF) Breast Cancer Measures within Cancer Clinical Trials: A Review from ACOSOG Z0010. *Ann Surg Oncol* 2010. 17(8): 1989-1994.  
<http://www.springerlink.com/content/7407472355571280/fulltext.pdf>
2. **Blumencranz PW**, Leitch AM, Saha S, Hunt K, Morrow M, Ballman K: Locoregional Recurrence after Sentinel Lymph Node Dissection with or without Axillary Dissection in Patients with Sentinel Lymph Node Metastases: The American College of Surgeons Oncology Group Z0011 Randomized Trial. *Ann Surg* 2010. 252(3): 426-432; discussion 432-423. <http://www.ncbi.nlm.nih.gov/pubmed/20739842>
3. **Giuliano A**, McCall L, Beitsch P, Whitworth PW, Blumencranz PW, Leitch AM, Saha S, Hunt K, Morrow M, Ballman K: Locoregional Recurrence after Sentinel Lymph Node Dissection with or without Axillary Dissection in Patients with Sentinel Lymph Node Metastases: The American College of Surgeons Oncology Group Z0011 Randomized Trial. *Ann Surg* 2010. 252(3): 426-432; discussion 432-423.  
<http://www.ncbi.nlm.nih.gov/pubmed/20739842>
4. **Giuliano A**, Hunt K, Ballman K, Beitsch P, Whitworth PW, Blumencranz PW, Leitch AM, Saha S, McCall L, Morrow M: Sentinel Lymph Node Dissection with and without Axillary Dissection in Women with Invasive Breast Cancer and Sentinel Node Metastasis: the Z0011 Trial of the American College of Surgeons Oncology Group. *JAMA* 2011. 305(6):569-575.
5. **Ellis MJ**, Suman V, Hoog J, Lin H, Snider J, Parker JS, DeSchryver K, Watson M, Allred DC, Esserman L, Unzeitig G, Babiera GV, Marcom PK, Guenther JM, Leitch AM, Hunt K, Olson J: ACOSOG Z1031: A randomized phase III trial comparing

- exemestane, letrozole and anastrozole in postmenopausal women with clinical stage 2/3 estrogen receptor positive breast cancer. Clinical and biomarker outcomes and the predictive value of the baseline PAM50-based intrinsic subtype. Forthcoming to J Clin Oncol 2011. [http://meeting.ascopubs.org/cgi/content/abstract/28/18\\_suppl/LBA513](http://meeting.ascopubs.org/cgi/content/abstract/28/18_suppl/LBA513)
6. **Darling GE**, Allen MS, Decker PA, Ballman K, Malthaner RA, Inculet RI, Jones DR, McKenna R, Landreneau R, Rusch VW, Putnam JB: Randomized Trial of Mediastinal Lymph Node Sampling Versus Complete Lymphadenectomy During Pulmonary Resection in the Patient with N0 or N1 (Less Than Hilar) Non-Small Cell Carcinoma: Results of the ACOSOG Z0030 Trial. J Thorac Cardiovasc Surg 2011;141:662-70. <http://jtc.ctsnetjournals.org/cgi/content/abstract/141/3/662>
  7. **Darling GE**, Allen MS, Decker PA, Ballman K, Malthaner RA, Inculet RI, Jones DR, McKenna R, Landreneau RJ, Putnam JB: Number of Lymph Nodes Harvested from a Mediastinal Lymphadenectomy: Results of the Randomized, Prospective ACOSOG Z0030 Trial. Chest. Forthcoming 2011.
  8. **Fernando HC**, Landreneau R, Mandraker S, Hillman S, Nichols F, Meyers B, DiPetrillo TA, Heron DE, Putnam JB: The Impact of Adjuvant Brachytherapy with Sublobar Resection on Pulmonary Function and Dyspnea in High-Risk Operable Patients: Preliminary results from the ACOSOG Z4032 Trial. Forthcoming in J Thoracic and Cardiovascular Surgery 2011.
  9. **DeMatteo RP**, Ballman KV, Antonescu CR, Maki RG, Pisters PW, Demetri GD, Blackstein ME, Blanke CD, von Mehren M, Brennan MF, Patel S, McCarter MD, Polikoff JA, Tan BR, Owzar K: Adjuvant imatinib mesylate after resection of localised, primary gastrointestinal stromal tumour: a randomised, double-blind, placebo-controlled trial. Lancet 2009. 373(9669): 1097-1104. [http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list\\_uids=19303137](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=19303137)
  10. **Garcia-Aguilar J**, Shi Q, Thomas CR, Chan E, Cataldo P, Marcet J, Medich D, Pigazzi A, Oommen S, Posner MC. A Phase II Trial of Neoadjuvant Chemoradiation and Local Excision for T2N0 Rectal Cancer: Preliminary Results of the ACOSOG Z6041 Trial. *Ann. Surg. Oncol.* 2011 *in press*.
  11. **Katz MH**, Merchant NB, Brower S, Branda M, Posner MC, William Traverso L, Abrams RA, Picozzi VJ, Pisters PW. Standardization of Surgical and Pathologic Variables is Needed in Multicenter Trials of Adjuvant Therapy for Pancreatic Cancer: Results from the ACOSOG Z5031 Trial. *Ann. Surg. Oncol.* Sep 1 2011;18(2):337-344. <http://www.ncbi.nlm.nih.gov/pubmed/20811779>
  12. **Picozzi VJ**, Abrams RA, Decker PA, et al. Multicenter phase II trial of adjuvant therapy for resected pancreatic cancer using cisplatin, 5-fluorouracil, and interferon-alfa-2b-based chemoradiation: ACOSOG Trial Z05031. *Ann. Oncol.* Aug 9 2011;22(2):348-354. <http://annonc.oxfordjournals.org/content/early/2010/07/29/annonc.mdq384.full.pdf?ijkey=eKGNvvr9U4pcGRS&keytype=ref>
  13. **Civantos FJ**, Zitsch RP, Schuller DE, Agrawal A, Smith RB, Nason R, Petruzelli G, Gourin CG, Wong RJ, Ferris RL, El Naggar A, Ridge JA, Paniello RC, Owzar K, McCall L, Chepeha DB, Yarbrough WG, Myers JN. Sentinel lymph node biopsy accurately stages the regional lymph nodes for T1-T2 oral squamous cell carcinomas: results of a prospective multi-institutional trial. J Clin Oncol 2010;28:1395-400. <http://jco.ascopubs.org/cgi/reprint/28/8/1395.pdf>

**Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), and location(s):

- Semiannual meetings
- ACOSOG investigator meetings at STS, SSO, ASCRS, ASCO, ACS Clinical Congress

***Please briefly describe your legislative/advocacy agenda:***

- To conduct prospective therapeutic cancer trials.
- To conduct prospective cancer control trials.
- To conduct translational laboratory investigations in conjunction with prospective trials.

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- To conduct prospective therapeutic cancer trials.
- To conduct prospective cancer control trials.
- To conduct translational laboratory investigations in conjunction with prospective trials.

***Submitted by:*** David M. Ota, MD  
American College of Surgery Oncology Group Co-Chair  
Professor of Surgery  
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***Date:*** March 14, 2011



## Current Cancer Care Initiatives – 2011

**Organization Name:** American Head and Neck Society

**Year Joined the CoC:** 1998

**Mission Statement:** To: 1) promote and advance the knowledge of prevention, diagnosis, treatment and rehabilitation of diseases of the head and neck; 2) promote advanced research of diseases of the head and neck and; 3) promote and advance the highest professional and ethical standards

**Website:** [www.headandneckcancer.org](http://www.headandneckcancer.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- Quality measures development and implementation
- Head and Neck Cancer Awareness Week

**Recently Released Publications and/or Products:**

- None

**Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), and location(s):

- American Head and Neck Society Annual Meeting, Chicago, IL, April 2011
- 8<sup>th</sup> International Conference on Head and Neck Cancer, Toronto, CA July 2012

**Please briefly describe your legislative/advocacy agenda:**

- Collaborate with American Academy of Otolaryngology
- Collaborate with American College of Surgeons.

**Please list emerging issues within your organization that the CoC should become engaged/involved in:**

- None

**Submitted by:** Amy Chen

**Date:** March 21, 2011

**Organization Name:** American Hospital Association

**Year Joined the CoC:** 1978

**Mission Statement:** To advance the health of individuals and communities, the AHA leads, represents, and serves hospitals, health systems, and other related organizations and are accountable to the community and committed to health improvement.

**Website:** [www.aha.org](http://www.aha.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- **Health care delivery transformation:** Improve hospital quality and organizational performance; innovate new health care delivery programs; expand coverage for the uninsured; and make meaningful reforms to the medical liability system.
- **Physician/hospital collaboration:** Increase meaningful collaboration to deliver high-quality, efficient care, and work seamlessly to guide the complex changes arising from health care reform; replace the flawed physician payment formula; harmonize hospital and physician quality measures; and eliminate burdensome reporting requirements.
- **Protect Medicaid.** Urge Congress not to reduce Medicaid coverage; advocate for greater flexibility in the Medicaid DSH program; prevent against overzealous and aggressive Recovery Audit Contractor payment denials; and advocate for expansion of the 340B Drug Discount Program to inpatient drugs for all hospitals.
- **Health Information Technology (HIT):** Work with CMS to clarify requirements and ensure that the systems to register for meaningful use incentives and attest to meeting the requirements are usable; ensure that Meaningful Use Stage 2 focuses on uses of an electronic health record (EHR) that are known to improve care; support physician adoption of EHRs; support the implementation of ICD-10; and advocate for uniform standardized transactions and administrative processes among health plans, clearinghouses and providers.
- **Workforce shortages:** Identify ways to ensure the workforce necessary to meet the primary care needs of patients in a community's delivery system; focus on ways to redesign work to retain existing workers and attract a new generation of workers; define principles to address future roles of direct care providers; and advocate for efforts to expand hospitals' flexibility to determine appropriate staffing patterns for health care workers.
- **Clinical integration:** Advocate for antitrust agencies to issue user-friendly guidance on clinical integration programs; remove compensation arrangements from the Stark Law definition of "financial relationships" under the law; update the Civil Monetary Penalty Law to apply only to the reduction or withholding of medically necessary services; work for broader "safe harbor" language and core requirements that provide reasonable flexibility to hospitals and caregivers; advocate for IRS rules that recognize that clinical integration programs that reward private doctors for improving quality and efficiency do not violate IRS regulations.

***Recently Released Publications and/or Products:***

- TrendWatch: The Cost of Caring: Drivers of Spending on Hospital Care. 4/2011.
- Guide: Contracting for Electronic Health Records; Guidelines for Hospitals. 1/2011.
- TrendWatch: Maximizing the Value of Post-Acute Care. 11/2010.

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and location(s):

- AHA Annual Membership Meeting, Washington, DC, April 10-13, 2011
- Health Forum Leadership Summit, San Diego, CA, July 17-19, 2011
- Rural Health Care Leadership Conference, Phoenix, AZ, February 5-8, 2012

***Please briefly describe your legislative/advocacy agenda:***

- **Affordable Care Act:** Preserve the positive aspects of reform and fix provisions that get in the way of hospitals fulfilling their mission of caring.
- **Medicaid:** Reject cuts to Medicaid that would erode important coverage protections, hurting low-income Americans and jeopardizing hospitals' ability to provide essential services.
- **Regulatory relief:** Remove barriers that prevent physicians and hospitals from working more closely together to improve patient care, and revise excessive regulations that divert caregivers' focus away from patients.
- **Budget challenges:** The Administration, Congress and others must look beyond traditional provider cuts to find other options for budget savings that can be achieved without harming hospitals' ability to provide care for their communities.

***Submitted by:*** Charles Erlichman, MD

***Date:*** April 13, 2011

**Organization Name:** American Joint Committee on Cancer

**Year Joined the CoC:** 1990

**Mission Statement:** To provide worldwide leadership in the development, promotion, and maintenance of evidence-based systems for the classification and management of cancer in collaboration with multidisciplinary organizations dedicated to cancer surveillance and to improving care.

**Website:** [www.cancerstaging.org](http://www.cancerstaging.org)

**Major Projects/Key Initiatives Underway:**

- The AJCC will undertake a website redesign in the coming months. The Informatics and Education & Promotions committees will work together to identify changes needed on the website and the vendor to meet these needs.
- The AJCC held a Leadership Retreat in conjunction with the Spring Executive Committee Meeting. The purpose of the retreat was to define a plan for the development of the next edition of the Cancer Staging Manual.
- The AJCC hosted a Surveillance Summit in April 2011. The purpose of the meeting was to bring together the clinical and surveillance communities to understand the evolution of staging data and how each community uses the data. The deliberation and discussion from the two day summit will be incorporated into the framework for ongoing revisions of the cancer staging manual. Five areas of priority were identified as follows:
  - Develop criteria for inclusion of data elements into CS
  - Evaluate and simplify the data system
  - Stabilize anatomic stage
  - Develop a revised governance model for CS
  - Develop process to communicate and implement data items
- The AJCC continues to serve as the administrative sponsor of the Collaborative Stage Data collection System
- Recruitment of the Collaborative Stage Program Administrator.
- The Second Edition *Cancer Staging Atlas* is scheduled for publication in Fall 2011.

**Recently Released Publications and/or Products:**

- An AJCC Resource Card was developed to promote all the educational products and resources the AJCC has developed to complement the Seventh Edition Cancer Staging Manual. This promotional piece provides a brief description of each resource and an explanation for obtaining the resources.
- The AJCC is now in the process of recording these Staging Moments as YouTube videos. An AJCC YouTube Channel has been created and initial videos have been uploaded. As more Staging Moments are recorded they will be announced and made public in the coming months.

- A new reference guide for histology and ICD-0 3 Codes was created and is posted on the AJCC website. This resource will be useful to the registry community when trying to correlate updated ICD-03 Codes and the histology codes for each 7<sup>th</sup> Edition chapter.
- The Collaborative Stage Coding Instructions have been enhanced to include hyperlinks between the instructions and the site-specific schemas. This will facilitate navigation through the voluminous Coding Instructions in a quicker and more efficient manner.

***Scheduled Conferences/Meetings/Educational Programs***

- National Cancer Registrars Association (NCRA) Annual Conference May 15-18<sup>th</sup>.
- AJCC Annual Conference September 22-24, 2011 Chicago, IL
- ACoS Clinical Congress October 23-27, 2011, San Francisco, CA

***Please briefly describe your legislative/advocacy agenda:*** None.

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- CoC leadership should be involved in the AJCC led workgroup to develop a governance system for the CS program.

***Submitted by:*** Martin Madera, AJCC Education Administrator

***Date:*** April 19, 2011

**Organization Name:** American Medical Association

**Year Joined the CoC:** 1966

**Mission Statement:** To promote the art and science of medicine and the betterment of public health.

**Website:** [www.ama-assn.org](http://www.ama-assn.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- The American Medical Association (AMA) demonstrates its longstanding commitment to clinical quality improvement and patient safety by continuing to convene the Physician Consortium for Performance Improvement (PCPI). In addition to the ongoing development, testing, and maintenance of evidence-based clinical performance measures, the PCPI promotes the use and implementation of its measures into practice.
- The PCPI is collaborating in the development and refinement of a new generation of measures that:
  - Focus on outcomes and are not just process-based— i.e., assessing whether the desired goal has been achieved in addition to assessing whether the processes that lead to an outcome have been accomplished
  - Group-like measures in a composite—i.e., multiple measures that are interrelated should be grouped and specified in such a way that they also yield a single measurable score
  - Incorporate best practices information—as an additional source of reference and information to help providers in their quality improvement efforts
  - Include results from testing projects—showing the measures are reliable, feasible, usable and relevant in practice
  - Support patient-centered and appropriate care—i.e., enabling physicians and other providers to demonstrate that evidence-based care is provided to each and every patient
  - In a heretofore unique collaboration with the American Board of Medical Specialties (ABMS), American Board of Radiology (ABR) and the American College of Radiology (ACR), the PCPI has worked to create a measure set dealing primarily with radiation dose optimization in adults and children. These 14 proposed measures, which are currently undergoing public comments, will be instrumental in initiatives for public safety and quality.
- Testing performance measures is a vital step in the measure development and implementation process. Only by assessing the use of a measure in practice can we learn whether it is feasible and reliable, and whether it can help lead to better patient outcomes. The PCPI is currently engaged in several testing project collaborations for measures related to cancer care:

- Collaboration with the American Society for Radiation Oncology (ASTRO), American Society of Clinical Oncology (ASCO) to test the Oncology measures at several practice sites, using electronic health record and claims data.
- Collaboration with the American Urological Association (AUA) and the Iowa Foundation for Medical Care (IFMC) to test the Prostate Cancer measures at several practice sites, using electronic health record and claims data.
- The RAND Corporation received a grant from the Office of the National Coordinator (ONC) to address gaps in clinical decision support within electronic health record systems. The PCPI will be a subcontractor under this grant and will work with RAND to bring together specialty societies and other groups to identify a focus and priorities for clinical decision support in the areas of oncology, pediatrics, cardiac interventions, and orthopedics.

***Recently Released Publications and/or Products:***

- All PCPI performance measures, including technical specifications and an evidence base for the measures, are available at [www.physicianconsortium.org](http://www.physicianconsortium.org).
- AMA has created data collection and informational worksheets to support physicians participating in the 2011 CMS PQRI program. These are available for download via the Web at <http://www.ama-assn.org/ama/pub/physician-resources/clinical-practice-improvement/clinical-quality/physician-quality-reporting-system-2011.page?>
- The AMA partnered with the Centers for Disease Control and Prevention, Agency on Aging, AHRQ, and Centers for Medicare and Medicaid Services to support and promote *Enhancing the Use of Clinical Preventive Services Among Older Adults: Closing the Gap*, a new report highlighting the need to promote preventive services for adults aged 65 and older, especially among minorities.

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and location(s):

- Nothing directly related to cancer care
- 2011 Annual AMA House of Delegates Meeting, June 18-22, 2011, Chicago, IL
- PCPI Meeting, October 20-21 2010, Chicago, IL

***Please briefly describe your legislative/advocacy agenda:***

In 2011, the AMA is aggressively involved in advocacy efforts related to the most vital issues in medicine today, including medical liability reform, Medicare physician payment reform, expanding coverage for the uninsured and increasing access to care, improving the public health, managed care reform, and others.

Additional information regarding each of these areas is provided below:

Medical liability reform

- To preserve patients' access to care, the AMA will continue to lead an aggressive, multi-year campaign to reduce medical liability premiums.

Medicare physician payment reform and regulatory relief

- As the leading force in Washington for Medicare reform, the AMA will be relentless in the battle to replace the flawed Medicare physician payment formula.

Health System Reform

- The AMA is dedicated to reforming the nation's health care system in a way that provides quality, affordable health care for all.

#### Managed care reform

- The AMA will continue to combat third-party interference with the physician-patient relationship, including advancing antitrust reform, eliminating unnecessary hassles and unfair payment practices; and fighting for reimbursement decisions that are based on optimal patient care, not economics.

#### Balance Billing

- The AMA will devote the necessary resources to introduce federal legislation to bring about the implementation of Medicare balance billing.

#### Improving the health of the public

- The AMA will provide effective programs and tools to help doctors improve the health of the public.

#### Patient safety and quality improvement in health care

- The AMA will continue to lead physicians' efforts to measurably improve patient safety and quality of care.

#### ***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- Main issues revolve around the development and implementation of PCPI Performance Measures. We would be interested in determining if there is any opportunity to integrate the PCPI performance measures related to cancer with the CoC's work on quality.

***Submitted by:*** Paul E. Wallner, DO, FACR, FAOCR, FASTRO, FACRO

***Date:*** April 12, 2011



## Current Cancer Care Initiatives – 2011

**Organization Name:** American Pediatric Surgical Association

**Year Joined the CoC:** 1991

**Mission Statement:** To: 1) encourage specialization in the field of pediatric surgery and in other ways, to make available to more people the benefits to be derived from the services of qualified pediatric surgeons; 2) promote and maintain the quality of education in pediatric surgery through meetings, lectures and the distribution of printed materials; 3) raise the standards of the specialty by fostering and encouraging research and scientific progress in pediatric surgery, and by establishing standards of excellence in the surgical care of infants and children and; 4) provide a forum for the dissemination of information with regard to pediatric surgery and to present the common interest of pediatric surgeons in the area of socio-economic policy development.

**Website:** [www.eapsa.org](http://www.eapsa.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- This year the annual APSA meeting will be held in Palm Desert, CA, May 12-25, 2011 and will include the following:
  - Invited presentations on basic science and clinical aspects of pediatric oncology.
  - A Cancer Committee meeting with agenda items to include development of a position statement, updating the ASPA link to the COG site and planning the joint meeting in 2012 with IPSO.
  - A separate one hour teaching session focusing on updates from the Children's Oncology Group (COG) regarding the surgical management for a number of new COG protocols, including neuroblastoma and germ cell tumors.
- ASPA update on pediatric surgical oncology distributed annually to the membership.
- Maintaining a link to the Children's Oncology Group website through the APSA website which includes special sections specifically dedicated to surgical considerations for all of the disease types

**Recently Released Publications and/or Products:**

Cancer-related manuscripts presented at the 2010 annual APSA meeting and published in the *Journal of Pediatric Surgery*.

1. Barrie S. Rich, Maureen P. McEvoy, Michael P. LaQuaglia, Suzanne L. Wolden. Local control, survival, and operative morbidity and mortality after re-resection, and intraoperative

radiation therapy for recurrent or persistent primary high-risk neuroblastoma. J Pediatr Surg 2011; 46:97-102.

2. Barrie S. Rich, Maureen P. McEvoy, Natasha E. Kelly, Edwin Oh, Sara J. Abramson, Anita P. Price, Nai-Kong V. Cheung, Michael P. La Quaglia. Resectability and operative morbidity after chemotherapy in neuroblastoma patients with encasement of major visceral arteries. J Pediatr Surg 2011; 46:103-107.
3. Amir S. Gendy, Aaron Lipskar, Richard D. Glick, Bettie M. Steinberg, Morris Edelman, Samuel Z. Soffer. Selective inhibition of cyclooxygenase-2 suppresses metastatic disease without affecting primary tumor growth in a murine model of Ewing sarcoma. J Pediatr Surg 2011; 46:108-114.
4. Yogangi Malhotra, Tamara N. Fitzgerald, Paul T. Jubinsky, Holly Harper, Cicero T. Silva, Eduardo Zambrano, Karen A. Diefenbach, R. Lawrence Moss, Vineet Bhandari. A unique case of rhabdoid tumor presenting as hemoperitoneum in an infant. J Pediatr Surg 2011; 46:247-251.

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and location(s):

- Annual APSA meeting, May 22 – May 25, 2011, Palm Desert, CA

***Please briefly describe your legislative/advocacy agenda:***

- None

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- None

***Submitted by:*** Elizabeth A. Beierle, MD, FACS

***Date:*** March 1, 2011

**Organization Name:** American Psychosocial Oncology Society

**Year Joined the CoC:** 1999

**Mission Statement:** The mission of American Psychosocial Oncology Society is to advance the science and practice of psychosocial care for people with cancer. This includes the following objectives: (a) providing a forum for professionals and individuals interested in the areas of psychological, social, behavioral, and spiritual aspects of cancer; (b) raising the level of awareness of health professionals and the public about the psychological, social, behavioral, and spiritual domains of care for patients with cancer; (c) developing and implementing educational programs for health professionals, patients, and the public on the psychological, social, behavioral, and spiritual aspects of cancer; (d) developing a research agenda to be used as a guide for scientific study in the field; (e) developing standards of care for the management of the psychological, social, behavioral, and spiritual domains of cancer; (f) assuring attention to the psychological, social, behavioral, and spiritual domains in the evaluation of the quality of care for patients with cancer by regulatory agencies; (g) exploring innovative methods to enhance the recognition and treatment of psychological, social, behavioral, and spiritual aspects of cancer; (h) promoting education and training of health professionals in the psychological, social, behavioral, and spiritual domains of cancer and; (i) addressing the special needs of children, the elderly, and the underserved.

**Website:** [www.apos-society.org](http://www.apos-society.org)

**Major Projects/Key Initiatives Underway:**

- Promote key messages and standing as the authority on psychosocial oncology in the United States.
- Promote the recommendations of the 2007 Institute of Medicine Report, *Cancer Care for the Whole Patient*.
- Collaborate with other national and international organizations to further the APOS mission.
- Expand and promote use of the APOS Toll-free Helpline as a resource for people with cancer and their caregivers to find local psychosocial oncology care providers.
- Expand and promote use of the APOS Toll-free Helpline as a resource for ACoS institutions to refer people with cancer and their caregivers to local psychosocial oncology care providers.
- Further expand and promote special interest groups (SIGs) and SIG activities.

***Recently Released Publications and/or Products:***

- *Quick Reference for Pediatric Oncology Clinicians: The Psychiatric and Psychological Dimensions of Pediatric Cancer Symptom Management*, a pocket-size handbook on pediatric psychosocial oncology.
- *Quick Reference for Oncology Clinicians: The Psychiatric and Psychological Dimensions of Cancer Symptom Management*, a pocket-size handbook on psychosocial oncology.
- Free Online Education:
  - Multidisciplinary Training in Psycho-Oncology
  - ICAN: Distress Management Training for Oncology Nurses
  - Cancer 101 for Mental Health Professionals
  - Psychosocial Aspects of Cancer Survivorship

***Scheduled Conferences/Meetings/Educational Programs:***

- APOS 9th Annual Conference and Preconference Training, February 23 - 25, 2012, Miami, Florida USA. Conference theme: *Reducing health disparities in quality cancer care: Psychosocial research, practice and outreach.*

***Please briefly describe your legislative/advocacy agenda:***

- Member of the Alliance for Quality Psychosocial Cancer Care

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- Promoting the dissemination of research findings to advance quality psychosocial cancer care.
- Contributing to the evidence base to initiate and support standards of psychosocial care.
- Evaluating the quality of psychosocial cancer care.
- Promoting education of all oncology professionals in the psychosocial aspects of cancer treatment and survivorship.

***Submitted by:*** Lynne Wagner, APOS Member Representative and Allison Ball, APOS Executive Director

***Date:*** April 19, 2011

**Organization Name:** American Radium Society

**Year Joined the CoC:** 2008

**Mission Statement:** The mission of the American Radium Society is to promote the study of cancer in all of its aspects; encourages liaison among the various medical specialists and allied scientists concerned with the treatment of cancer; and continue scientific study of the treatment of the cancer patient through annual meetings and educational publications.

**Website:** [www.americanradiumsociety.org](http://www.americanradiumsociety.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- Increase involvement of Residents and Medical Students through abstract submission, attendance in the Annual Meeting and Essay Award and Travel Grant submission.
- Contribute to a global improvement in multidisciplinary care of cancer patients.
- Increase access to Self-Assessment Modules at the Annual Meeting and on website
- Web-based Physician Practice Quality Initiative ongoing; certified by American Board of Radiology (ABR)
- Half day post-graduate seminar prior to annual meeting
- The ARS, in conjunction with the ACR, sponsored a session preceding the ACR meeting, on May 15, 2010 entitled **Radiation Oncology Appropriateness Criteria**. Sessions like this are being discussed for future meetings as well.

**Recently Released Publications and/or Products:**

- Proceedings, 91st Annual Meeting (as Supplement to Oncology 2009; vol 23)
- Proceedings, 92nd Annual Meeting (as Supplement to Oncology 2010; vol 24)
- Proceedings, 93rd Annual Meeting (as Supplement to Oncology 2011; vol 25)

**Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), and location(s):

- April 30, 2011; Ritz Carlton Palm Beach, Florida – ARS Post Graduate Course: *MRI-Based Applications for Radiation Oncology and Brachytherapy*
- May 1-4, 2011; Ritz Carlton Palm Beach, Florida – 93<sup>rd</sup> Annual Meeting: *Cancer Treatment: Increasing Safety and Minimizing Toxicity*
- April 28, 2012; The Cosmopolitan Las Vegas, Nevada – ARS Post Graduate Course
- April 29 – May 3, 2012; The Cosmopolitan Las Vegas, Nevada – 94<sup>th</sup> Annual Meeting: *Personalized Medicine in an Impersonal World*

**Please briefly describe your legislative/advocacy agenda:**

- We have refrained from formal legislative involvement because of the multidisciplinary nature of our constituency.

- ARS names a member of the ACR Board of Chancellors (3-year term)
- ARS names three of the six Radiation Oncology members of the ABR (4-year term renewable once)

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- Continuing emphasis on the multidisciplinary nature of cancer therapy; mandating input from multiple sources prior to initiating therapy.
- Emphasis on evidence-based therapy in cancer
- Continuing emphasis on the role of Quality metrics in modern cancer care.

***Submitted by:*** Jaclyn Weinstein, MTA  
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***Date:*** April 18, 2011

**Organization Name:** The American Society of Breast Surgeons

**Year Joined the CoC:** 2004

**Mission Statement:** The American Society of Breast Surgeons, the primary leadership organization for general surgeons who treat patients with breast disease, is committed to continually improving the practice of breast surgery by serving as an advocate for surgeons who seek excellence in the care of breast patients. This mission is accomplished by providing a forum for the exchange of ideas and by promoting education, research, and the development of advanced surgical techniques.

**Website:** [www.breastsurgeons.org](http://www.breastsurgeons.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- **Physician Education/12<sup>th</sup> Annual Meeting** - The Society's annual meeting is designed to provide members with information on ground-breaking techniques and cutting edge procedures in breast care, as well as hands-on training. More than half the membership attends the annual meeting to hear experts present the latest research on breast disease and lead panel discussions on diagnostics, therapies and outcomes.
- **Mastery of Breast Surgery Pilot Program: Continuing Quality Improvement Initiative** - The Society's Mastery of Breast Surgery Program is a voluntary quality improvement initiative designed to help surgeons document their clinical performance of breast procedures, as well as their care of breast cancer patients and patients at risk for breast cancer. The program focuses on educational initiatives, participation in quality improvement measures, and ongoing outcomes analysis. It includes modules on surgery, cancer staging, percutaneous breast procedures, and risk assessment. Participating surgeons may choose which of the modules they want to use depending on their desired reporting needs and select a level of participation in each module, which defines the required reporting fields. The program has been recognized by the American Board of Surgery as an accepted quality improvement initiative for Maintenance of Certification - part 4. The Mastery Program also includes a qualified 2010 PQRI registry for reporting on PQRI measures on antibiotic and venous thrombo-embolism prophylaxis for reporting on the Perioperative Measures Group.
- **Breast Ultrasound Certification** - Through our Breast Ultrasound Certification Program, the Society recognizes individual surgeons who meet specific criteria related to clinical experience, training, and quality assurance in the use of ultrasound and ultrasound-guided procedures. To become certified, surgeons must successfully complete a written exam and clinical application. Our goal is to improve the quality of care for patients with breast disease by encouraging education and training for surgeons who utilize breast ultrasound. The Society offers breast ultrasound courses and workshops to help surgeons gain the requisite skills and to provide guidance in the certification application process.
- **Stereotactic Breast Procedures Certification Program** - Through our Stereotactic Breast Procedures Certification program, the Society recognizes individual surgeons who meet specific criteria related to clinical experience, training, and quality assurance in stereotactic breast procedures. To become certified, surgeons must successfully complete a written and practical exam as well as a clinical application. Our goal is to improve the quality of care for patients with breast disease by encouraging education and training for surgeons who perform stereotactic breast procedures. The Society offers stereotactic courses and workshops to help surgeons gain the requisite skills and to provide guidance in the certification application process.
- **Physician Education/Breast Fellowships** - The American Society of Breast Surgeons, in collaboration with the Society of Surgical Oncology and the American Society of Breast Disease, has developed

comprehensive guidelines for training breast fellows and a mechanism for accreditation of programs that meet those guidelines.

- **Support of Clinical Research** - The American Society of Breast Surgeons encourages its members to become involved in clinical trials through our website which directs members to clinical trials resources. Additionally, the Society has established the largest compilation of data on the use of partial breast irradiation to treat breast cancer through our MammoSite Patient Registry. The Registry is a national data collection program designed to gather and analyze patient information on the use, complications, and outcomes in patients treated with MammoSite.

***Recently Released Publications and/or Products:***

- *Surgeon Assessment for Hereditary Cause of Breast Cancer* -- Approved March 7, 2011
- *Image Confirmation of Successful Excision of Image-localized Breast Lesion* -- Approved December 15, 2010
- *Preoperative Diagnosis of Breast Cancer* -- Approved December 15, 2010
- *Specimen Orientation for Partial Mastectomy or Excisional Breast Biopsy* -- Approved December 15, 2010
- *Concordance Assessment Following Image-Guided Breast Biopsy* -- Approved November 22, 2010
- *Sentinel Lymph Node Biopsy for Invasive Breast Cancer* -- Approved November 4, 2010
- *Guidelines for Performing Sentinel Lymph Node Dissection in Breast Cancer* -- Revised November 4, 2010
- *Use of Magnetic Resonance Imaging in Breast Oncology* -- Revised July 27, 2010
- *Performance and Practice Guidelines for Breast Ultrasound* -- Revised April 28, 2010
- *Performance and Practice Guidelines for Stereotactic Breast Procedures* -- Revised April 28, 2010
- Mastery of Breast Surgery Pilot Program: Continuing Quality Improvement Initiative (Launched: December 2008)

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and location(s):

- 12<sup>th</sup> Annual Meeting - April 27 – May 1, 2011 – Washington, DC
- 13<sup>th</sup> Annual Meeting - May 3 – May 6, 2012 – Phoenix, AZ
- 14<sup>th</sup> Annual Meeting - May 2 – May 5, 2013 – Chicago, IL

***Please briefly describe your legislative/advocacy agenda:***

- Participation in CMS RVU update for breast-related CPT codes.
- Collaboration with other organizations to improve the quality of care for all breast disease patients. The Society has joined 22 other organizations led by the American College of Surgeons to advocate for access to high quality surgical care for all patients, address surgical workforce issues, Medicare physician payment and tort reform.
- Advocacy for continued physician training and certification managed by specialty societies and not through regulation by the federal government.
- Advocacy for meaningful Medicare reform, including a well structured physician fee schedule.
- Support of measures which increase patient access to and quality of care.

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- Potential regulation of medical procedures, such as interventional mammography and ultrasound by the federal government. (Such actions may threaten patient access to these important procedures.)
- Pay for performance/quality measurement.

***Submitted by:*** The American Society of Breast Surgeons

***Date:*** April 1, 2011

**Organization Name:** American Society of Clinical Oncology

**Year Joined the CoC:** 1992

**Mission Statement:** ASCO is a professional oncology society committed to conquering cancer through research, education, prevention and delivery of high quality patient care.

**Website:** [www.asco.org](http://www.asco.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- **New Quality Department.** In March of 2011, ASCO formed a new headquarters department specifically dedicated to quality and creation of a rapid learning health system for oncology. Included in the new department will be QOPI, the QOPI Certification Program, Clinical Practice Guidelines and HIT initiatives. A national search is underway to recruit a department head.
- **Quality Oncology Practice Initiative (QOPI) Certification Program.** There are now 54 QOPI certified practices and the program is on track to 100 certifications by year's end. Participation in the QOPI program has grown to 700 practices and 1,000 practice sites. Participants include the full range of practice sites, including community, academic programs and hospital systems.
- **Completion of Breast Cancer Registry Pilot Project.** With support from Susan G. Komen for the Cure, this project aimed to advance use of treatment plans and summaries. The goals were to: 1) collect real-time treatment information in a registry that can be used for practice-based quality improvement and national quality monitoring, and 2) provide physician and patient resources to improve communication and care coordination. A full report is due in late spring.
- **Cost of Cancer Care.** ASCO's cost of cancer care task force issued a formal guidance document to help oncologists initiate candid discussions with patients about the full range of palliative care and treatment options soon after a diagnosis of advanced cancer. The guidance aims to improve communication and shared decision making and to promote better integration of palliative therapy into all of oncology practice.
- **Clinical Practice Guidelines and Provisional Clinical Opinions.** Using the best available evidence, ASCO expert guideline panels identify and develop practice recommendations for specific areas of cancer care. The key criteria for selecting topics for guidelines include significance of the clinical problem, perceived variations in clinical practice, and the availability of suitable data. ASCO has published 27 guidelines and has another four in development. In March 2011, the American Society of Clinical

Oncology Clinical Practice Guideline Update on the Role of Bone-Modifying Agents in Metastatic Breast Cancer was published.

In addition, ASCO has two additional avenues to provide clinical guidance to our members: the provisional clinical opinion, or PCO—to offer a rapid response to emerging data in clinical oncology—and the Guideline Endorsement. Thus far, ASCO has published three PCOs and has one PCO on Palliative Care in development. ASCO has published one guideline endorsement and another guideline is being considered for endorsement.

- **Oncology Practice Data and Access to Care.** To date, no comprehensive source that provides a complete census, geographic distribution and practice arrangements across oncology in the U.S. In the face of health reform, it is critical to gain a clearer understanding of how oncology care is organized and delivered. This project will attempt to document the changing practice arrangements of oncologists today and into the future. In addition, ASCO initiated a study with the University of Iowa to map oncologists and oncology care delivery sites with the location of cancer patients in the state of Iowa. The project will develop a strategy for ASCO to conduct a similar analysis on a national basis and test that strategy in two additional states.

***Recently Released Publications and/or Products:***

- Gilligan, JD, Seidenfeld J, Basch EM et al. American Society of Clinical Oncology Clinical Practice Guideline on Uses of Serum Tumor Markers in Adult Males with Germ Cell Tumors, *Journal of Clinical Oncology*. Vol.28, 3388-3404, 2010
- Burstein, HJ, Prestrud, AA, Seidenfeld, J, et al. American Society of Clinical Oncology Clinical Practice Guideline: Update on Adjuvant Endocrine Therapy for Women With Hormone Receptor-Positive Breast Cancer, *Journal of Clinical Oncology*, Vol. 28 3784-379, 2010
- Rizzo, JD, Brouwers, M, Hurley, P, et al. American Society of Clinical Oncology/American Society of Hematology Clinical Practice Guideline Update on the Use of Epoetin and Darbepoetin in Adult Patients With Cancer. *Journal of Clinical Oncology*. published online on October 25, 2010
- Peppercorn, J, Smith, T, Schnipper, L. et al. American Society of Clinical Oncology Statement: Toward Individualized Care for Patients With Advanced Cancer, *Journal of Clinical Oncology*, Vol. 29 755-760, 2011

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and locations):

- ASCO Annual Meeting, June 3-7, 2011 at McCormick Place in Chicago, Illinois
- Best of ASCO®, July 29-30, 2011 Miami, FL
- Best of ASCO®, Aug 5-6, 2011 Seattle, WA
- Breast Cancer Symposium, Sep 8-10, 2011 San Francisco, CA

- EORTC-NCI-ASCO Annual Meeting on Molecular Markers in Cancer, Oct 27-29, 2011  
Brussels, Belgium

More meeting information can be found at the ASCO Calendar of Events,  
<http://www.asco.org/ASCO/Meetings/Calendar+of+Events>

***Please briefly describe your legislative/advocacy agenda:***

- Pursue policies that support individualized care for patients with advanced cancer
- Advocate fair and adequate reimbursement for chemotherapy and the cognitive services required to diagnose and treat cancer patients.
- Increase appropriations for the publicly funded U.S. clinical trials system
- Pursue full implementation of the IOM report, “A National Cancer Clinical Trials System for the 21<sup>st</sup> Century”

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- Development and adoption of multidisciplinary quality measures in oncology
- Relationship between NCDB and QOPI
- Development and dissemination of oncology standards in EHRs
- Targeting opportunities for collaboration/action in the Cancer Quality Alliance
- Coordination of care across practice settings and specialty areas
- Quality of survivorship care
- Innovative models for care delivery, including bundled payments and specialty specific ACOs

***Submitted by:*** Jennifer J. Griggs, MD, MPH and Lawrence N. Shulman, MD

***Date:*** March 25, 2011



## Current Cancer Care Initiatives – 2011

**Organization Name:** American Urological Association

**Year Joined the CoC:** 1986

**Mission Statement:** To promote the highest standards of urological clinical care through education, research and in the formulation of health care policy.

**Website:** [www.auanet.org](http://www.auanet.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- Reintroduction in the 112<sup>th</sup> Congress of the PROSTATE (Prostate Research, Outreach, Screening, Testing, Access, and Treatment Effectiveness) Act drafted by the AUA that includes a focus on aligning existing prostate cancer programs addressing research, education, and healthcare delivery across the Departments of Veterans Affairs, Defense and Health and Human Services
- Development of a quality performance measure testing database to which urologic practices can submit patient level data on proposed urologic measures for the purposes of quality measurement and improvement, including additional clinical fields for analysis purposes from the prostate cancer measures in the CMS PQRS
- Completed Guideline on Follow up to Incidental Renal Mass
- Development in concert with ASTRO of Guideline Radiation after Prostatectomy
- Extensive Revision in Development of Guideline on Prostate-Specific Antigen

**Recently Released Publications and/or Products:**

- Science Advisory on Androgen-Deprivation Therapy in Prostate Cancer and Cardiovascular Risk, produced by AUA in conjunction with the American Heart Association and the American Cancer Society - 2010
- Webinar on Renal Mass (a companion piece to the Guideline for Management of the Clinical Stage 1 Renal Mass) - 2010

**Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), and location(s)):

- May 15, 2011, Washington, DC  
Management of Castration Resistant Prostate Cancer
- May 15, 2011, Washington, DC  
Prostate Cancer Diagnostics: PSA, Prostate Biopsy, and Beyond
- May 15, 2011, Washington, DC  
Medical Management of Metastatic Renal Cell Carcinoma - How to do it, by Urologists for Urologists

- May 16, 2011, Washington, DC  
Renal Mass Biology, Relevant Anatomy, Treatment Algorithms (Observation vs. Ablation vs. Extirpation): A Case Oriented Seminar
- May 16, 2011, Washington, DC  
Difficult Cases in High Risk Bladder Cancer: An Evidence Based Approach
- May 16, 2011, Washington, DC  
Debates on Controversial Issues in Prostate Cancer: From Screening to Prevention and Treatment
- May 16, 2011, Washington, DC  
Advanced Robotic Urologic Oncology: A Video Based Analysis
- May 16, 2011, Washington, DC  
Testicular Cancer: Current Concepts and Controversies
- May 17, 2011, Washington, DC  
Update on AUA Cancer-Related Guidelines: Preparation for Certification
- May 17, 2011, Washington, DC  
Multidisciplinary Management of Urothelial Carcinoma: Stage- and Site-Specific Discussions
- May 17, 2011, Washington, DC  
Active Surveillance in Prostate Cancer
- May 17, 2011, Washington, DC  
Prostate Cancer Update 2011, Washington, DC
- May 17, 2011, Washington, DC  
Defining the Candidate for Surveillance or Targeted Focal Therapy
- May 17, 2011, Washington, DC  
Update on AUA Cancer-Related Guidelines: Preparation for Certification
- May 17, 2011, Washington, DC  
Robotic Prostatectomy: Tips and Tricks in Developing a High Volume Efficient Program
- May 18, 2011, Washington, DC  
Minimally Invasive Ablative Treatment of Prostate Cancer
- May 18, 2011, Washington, DC  
Practical Follow-up of Genitourinary Malignancies
- May 18, 2011, Washington, DC  
The Role of Radical Prostatectomy and Pelvic Lymph Node Dissection in an Integrated Program of Treatment of High Risk Prostate Cancer
- May 18, 2011, Washington, DC  
Nephron Sparing Renal Surgery: New Techniques and Latest Developments
- May 18, 2011, Washington, DC  
Practical Follow-up of Genitourinary Malignancies
- May 18, 2011, Washington, DC  
Management of Small Renal Masses, Technical Advances in Partial Nephrectomy, and Role of the Urologist in Advanced RCC: A Case Based Approach

***Please briefly describe your legislative/advocacy agenda:***

In 2010, the AUA first drafted legislation, the PROSTATE Act, which establishes a federal Interagency Task Force composed of agencies from the Department of Health and

Human Services (HHS) and the Department of Defense and led by the Department of Veterans Affairs, that will identify and catalog prostate cancer activities across these agencies, develop a strategy to improve the research portfolio, eliminate duplication between agencies, identify best practices, expand collaboration, increase patient and medical community participation, and develop a coordinated message related to screening and treatment for prostate cancer. The legislation is poised to be reintroduced in the 112<sup>th</sup> Congress.

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

None

***Submitted by:*** David F. Penson, M.D., M.P.H.

***Date:*** March 25, 2011

**Organization Name:** Association of American Cancer Institutes

**Year Joined the CoC:** 1979

**Mission Statement:** To promote the common interests of the nation's leading cancer research centers.

**Website:** [www.aaci-cancer.org](http://www.aaci-cancer.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- **Clinical Research Initiative** – Provides a focused forum for sharing information and examining best practices that promote the efficient operation of cancer center clinical research facilities.
- **Oncology Workforce Initiative** – Promotes efforts to enhance oncology workforce training, recruitment and retention, as well as related areas of activity such as new models of care, research support and policy.
- **AACI Translational Cancer Research Fellowship** – Provides a qualified applicant with one year of support for research training and experience.
- **Project Cancer Education** – A hands-on curriculum that closely acquaints state and federal lawmakers and community leaders with the process through which medical research is translated to treatments for cancer.
- **Benchmarking** – Measures the economic impact of federal funding on cancer center operations.
- **Public Issues** - In 1999, a Public Issues Committee was established to initiate a course of action to promote our members' common interests and goals. More recently, a Government Relations Forum was also created to coordinate efforts among all cancer centers and monitor policy actions that have an impact on cancer centers. In particular, the Government Relations Forum helps to educate Members of Congress about the cancer research enterprise and its positive impact on patients.
- **Annual Meeting** - AACI and the Cancer Center Administrators Forum jointly formulated the program for the 2011 AACI/CCAF Annual Meeting at the Mandarin Oriental in Washington, DC on October 16-18, 2011. This three-day event convenes AACI cancer center directors and executive-level administrators with leaders of national cancer research and advocacy groups, industry, and government health agencies to develop solutions to common challenges and to share best practices.

**Recently Released Publications and/or Products:**

- 2010 Report
- AACI Update (Monthly Newsletter)
- AACI 2010 Oncology Workforce Report
- CRI (Clinical Research Initiative) Newsletter

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and location(s):

- Annual Hill Day, May 11, Washington D.C.
- Clinical Research Initiative Annual Meeting, July 14-15, Chicago
- 2011 AACI/CCAF Annual Meeting, October 16-18, Washington, DC

***Please briefly describe your legislative/advocacy agenda:***

(Excerpted from the minutes of a February 28, 2011 meeting of AACI's Government Relations Forum)

- Increase federal funding for NCI and NIH
- Help to shape regulations for Accountable Care Organizations
- Expedite the date of enactment for clinical trials insurance coverage policies contained in the Patient Protection and Affordable Care Act
- Tighten requirements around a fee for service provision that has prevented access to clinical trials for Medicare Advantage enrollees

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- None at this time.

***Submitted by:*** Chris Zurawsky

***Date:*** April 19, 2011

**Organization Name:** Association of Cancer Executives

**Year Joined the CoC:** 1995

**Mission Statement:** Association of Cancer Executives (ACE) is a national organization committed to the leadership development of oncology executives through continuing education and professional networking designed to promote improvement in patient care delivery.

**Website:** [www.cancerexecutives.org](http://www.cancerexecutives.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- Enhance leadership skills and professional performance of oncology executives through its annual educational conference, networking of oncology leaders, internet newsletter, and access to timely, accurate information.
- Promote the development of cancer care leaders, both administratively and clinically.
- Provide real-time, interactive forums on topics ranging from cancer program design, development, reimbursement, outcomes research, and current cancer care challenges and opportunities.
- Disseminate emerging, innovative oncology management best-practices among the national cancer care community.
- Network Members nationally as content-experts.
- Support continuing education needs of cancer care administrators.
- Ongoing surveys of interest to ACE members (i.e.: program performance measures, ACO readiness, topics of interest to the membership, salary surveys, membership surveys, buying power surveys, etc.).

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**Recently Released Publications and/or Products:**

- ACE 17<sup>th</sup> Annual Educational Conference held from January 27, 2011 through January 29, 2011 in New Orleans, LA.
- ACE 101 Oncology Conference: January 26, 2011, in New Orleans, LA: A comprehensive orientation for new cancer program Administrators.
- *ACE Update* Newsletter, published bi-monthly.
- Listserv – Electronic forum providing instant member to member information exchange.
- Website – Access to member network, directory, and job board (on-going).
- Survey and inputs on ACOS CoC Accreditation process, standards, and quality outcomes to support the “Cancer Program Standards 2011 Project”.

**Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), and location(s):

- ACE 18<sup>th</sup> Annual Meeting held from January 19, 2011 through January 21, 2011 at the Hyatt Regency Savannah, Savannah, Georgia.

- ACE 101 Oncology Conference: January 18, 2011, in Savannah, Georgia: A comprehensive orientation for new cancer program Administrators.

***Please briefly describe your legislative/advocacy agenda:***

Education of oncology program leaders on topics related to:

- Government policies on cancer care, treatment access, and screening/prevention;
- Funding of core cancer care services, clinical research, and screening and prevention;
- Issues related to cancer patients' access to care and outcomes reporting;
- Cancer research trends, funding, and clinical trials' outcomes reporting;
- Support of the American Cancer Society's Cancer Action Network (ACS CAN);
- Promoting active participation in and fiscal support of Comprehensive Cancer Control Plans at the state level;
- Promoting the Commission on Cancer accreditation of cancer programs; and
- Advancing Commission on Cancer (CoC) accreditation standards for cancer programs, including NCI-designated centers, Networks, community centers, American College of Radiology-Radiation Oncology Accreditation (ACR-RO), and the National Accreditation Program for Breast Centers (NAPBC).

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- Executive leaders of accredited cancer programs seek involvement with the "Cancer Programs Standards 2011 Project" and changes to the survey process.
- Interface with the American Cancer Society and ACS CAN to support legislative and clinical research initiatives and access to care issues, given the economic situation and growing under-insured and uninsured in the U.S.
- Facilitating access to the NCDB for clinical research, program evaluation, and outcomes data.
- Interface with the CoC on issues related to clinical research and the reorganization of the NCI's Cooperative Group structure.
- Assess and increase the number of ACOS CoC accredited programs affiliated with the Association of Cancer Executives.
- Assist with training, contracting, and/or increasing the number of Certified Cancer Registrars available to assist cancer programs in the U.S.
- Assist in educating new cancer program executives on the value of CoC Accreditation and the NAPBC Accreditation.

***Submitted by:*** Linda W. Ferris, Ph.D., Oncology Initiative Lead, Centura Health, 4231 W. 16<sup>th</sup> Avenue, Denver, CO 80204; Phone: 303-629-3576; Fax: 303-629-2318; Cell: 775-813-7991. E-Mail: LindaFerris@Centura.org or DrLindaFerris@aol.com.

***Date:*** *April 15, 2011*

**Organization Name:** Association of Community Cancer Centers

**Year Joined the CoC:** 1976

**Mission Statement:** To be the leading education and advocacy organization for the cancer team. ACCC will fulfill its core purpose by pursuing and adhering to the following core values; 1) Integrity; 2) Collaboration; 3) Stewardship; 4) Knowledge; 5) Respect; 6) Innovation; 7) Excellence.

**Website:** [www.accc-cancer.org](http://www.accc-cancer.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- To identify and compare trends in conditions and organizational performance in the oncology marketplace. ACCC initiated a three-year survey of its membership, “Cancer Care Trends in Community Cancer Centers.”
- To continue to advocate for and educate the ACCC membership on all federal issues relating to community cancer care, including support for fixing the Sustainable Growth Rate formula and appropriate CMS reimbursement for pharmacy overhead services in the Hospital Outpatient Department.
- To provide hospital-based pharmacy teams with the training and tools needed to accurately assess the true value associated with drug-based therapy and communicate this information to key leadership through ACCC’s “The Practical Cancer Pharmacy in 2011 and Beyond” project.
- To provide community-based cancer care providers the tools they need to improve the quality of care for patients with small-population cancers. “Treating Small-Population Cancers in the Community Setting” was initiated with a focus on chronic myeloid leukemia (CML). The next phase of this program involves establishment of Community Resource Center sites with “most effective” practices.
- To provide insight into the decision making process and challenges involved in setting up a dispensing pharmacy. “Dispensing Pharmacy: An Option for Physician Practices” examines the question: Will opening a dispensing pharmacy in an oncology practice enhance patient quality of care?
- To offer members a community provider perspective about emerging data and treatment strategies presented at scientific meetings, such as those of the American Society of Clinical Oncology (ASCO) and the American Society of Hematology (ASH). ACCC and Medscape Oncology have established a collaborative relationship through the launch of an online educational initiative.

**Recently Released Publications and/or Products:**

- *Oncology Issues*, ACCC’s bi-monthly journal
- *Part B - Drug Information Guide*
- *Reimbursement and Patient Assistance Programs: A Guide for Community Cancer Centers*

- *MyNetwork*, ACCC's online community

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and location(s):

- Regional Oncology Economic and Management Symposia, Midwest Regional, May 11, 2011, Chicago, Illinois
- Regional Oncology Economic and Management Symposia, May 25, 2011, Boise, Idaho
- Regional Oncology Economic and Management Symposia, June 22, 2011, Portsmouth, New Hampshire
- 27th National Oncology Conference, October 19-22, 2011, Seattle, Washington
- ACCC's 38th Annual National Meeting, March 12-14, 2012, Baltimore, Maryland

***Please briefly describe your legislative/advocacy agenda:***

- Support a long-term fix for the Sustainable Growth Rate formula
- Support legislation and other efforts to establish chemotherapy teaching codes for nurses and physicians
- Support HR 905, a bill to remove the Prompt Pay Discount from the calculation of Average Sales Price
- Support efforts in both State and Federal governments to alleviate the current shortage of numerous oncology-related drugs
- Ensure patient access to clinical trials and to approved off-label anti-cancer therapies
- Support the National Cancer Institute's National Community Cancer Center Program (NCCCP)

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- Implementation of certain aspects of the Affordable Care Act, including Accountable Care Organizations (ACOs)
- Continued hurdles remain in the field of data collection at community oncology facilities

***Submitted by:*** Matthew Farber

***Date:*** March 18, 2011

**Organization Name:** Association of Oncology Social Work

**Year Joined the CoC:** 2003

**Mission Statement:** To advance excellence in the psychosocial care of persons with cancer, their families, and caregivers through 1) advocacy, 2) education, 3) networking, 4) research, and 5) resource development. The AOSW seeks to accomplish its goals by increasing awareness of the psychosocial effects of cancer, advancing the practice of psychosocial interventions that enhance quality of life and recovery of persons with cancer and their families, fostering communication and support among psychosocial oncology care givers, furthering the study of psychological and social effects of cancer through research and continuing education, advocating for programs and policies to meet the psychosocial needs of oncology patients and their families, promoting liaison activities with other psychosocial oncology groups and professional oncology organizations and promoting the highest professional standards and ethics in the practice of oncology social work care.

**Website:** [www.aosw.org](http://www.aosw.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- **Sustainability:** To ensure the fiscal and organizational sustainability of both AOSW, as well as the oncology social work professions. Tactics include strategic planning, fund development planning, branding of OSW, and interdisciplinary education and collaboration. Efforts also include cultivation of strategic partnerships and liaison roles.
- **Patient access to care:** Financial and logistical access to care continues to be key barrier to treatment, compliance and activities of daily life. Tactics to address these barriers include improved access to resources (SWON, POWER); education of and referral to patient assistance programs and partnerships with pharmaceutical partners.
- **Patient navigation:** Navigating the cancer care continuum is continuing to be more and more complex. As more resources and personnel are targeting this are, there is more of a need for training and education of these navigators to ensure more comprehensive and consistent service delivery. AOSW is targeting this audience as consumers for training and professional affiliation.
- **Veterans with cancer:** Veterans continue to be an underserved population and their numbers continue to grow. Targeted partnership efforts are underway to do research with oncology social workers on this topic and then to implement creation of resources and materials for patients as well as caregivers in this population.

***Recently Released Publications and/or Products:***

- Smolinski, K.M., & Colón, Y. (2011). Palliative care with lesbian, gay, bisexual and transgender clients. In T. Altilio & S. Otis-Green (Ed.), Textbook of Palliative Social Work. New York: Oxford University Press.
- Colón, Y. (in press). End of life care. In S. Gehlert & T. Arthur (Eds.), Handbook of Health Social Work, 2nd Ed. Chicago, IL: University of Chicago Press.
- Colón, Y., & Stern, S. (in press). Online counseling groups. In Kraus, Stricker & Speyer (Eds.), Online Counseling: A Handbook for Mental Health Professionals, 2nd Ed., San Diego: Academic Press/Elsevier.
- Psychosocial Issues for Cancer Survivors", chapter in Excellent Care for Cancer Survivors: A Guide to Fully Meeting Their Needs in Medical Offices and in the Community", edited by Kenneth Miller, MD. ABC-CLIO, Inc, California, 2011.
- Messner, C. & Benson, L. (2011). Social Work, Fund Raising and Philanthropy: It's Not Just about Money. Oxford Textbook of Palliative Social Work, T.Atilio & S. Otis-Greene, Editors. Oxford University.
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- Zebrack, B. (In Press). Psychological, Social and Behavioral Issues for Young Adults with Cancer, Cancer.
- D'Agostino, NM, Penney, A, & Zebrack, B. (In Press). Providing Developmentally Appropriate Psychosocial Care to Adolescent and Young Adult Cancer Survivors, Cancer.
- Zebrack, B., Stuber, ML, Meeske, KA, Phipps, S., Krull, KR., Liu, Q., Yasui, Y., Parry, C., Hamilton, R., Robison, LL., & Zeltzer, LK. (In Press). Perceived Positive Impact of Cancer Among Long-term Survivors of Childhood Cancer: a report from the Childhood Cancer Survivor Study, Psycho-Oncology.
- Zebrack, B., Matthews-Bradshaw, B., & Siegel, S. (2010). Review Series (Adolescent): Quality Cancer Care for Adolescents and Young Adults: A Position Statement, Journal of Clinical Oncology, 28(32), 4862-4867.
- "Addressing the Psychosocial Needs of Cancer Survivors: Penny Block, PhD, Kim Day, LISW, OSW-C and Hester Hill Schnipper, LICSW, OSW-C published in the journal Alternative and Complementary Therapies: Vol 16 No. 4 August 2010
- Altilio, T. & Otis Green, S. (EDS), (2011) Oxford Textbook of Palliative Social Work, New York, New York Oxford University Press

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and location(s):

- Oncology Social Workers as Leaders in the New Era of Cancer Treatment
- May 4-6, 2011 in St .Louis, Missouri. As part of the program, there will be training offered for the American Cancer Society I CAN COPE educational program.

***Please briefly describe your legislative/advocacy agenda:***

- Collaborating with ACCC, ONS and HOPA on the drug shortage issue affecting our practices. An educational briefing will be held for Congressional staffers.
- We continue to work on access to care issues within our individual states at a national level.

*Please list emerging issues within your organization that the CoC should become engaged/involved in:*

- We look forward to working with the CoC and the implementation of the new standards.

*Submitted by:* Virginia Vaitones, MSW, OSW-C

*Date:* April 7, 2011

**Organization Name:** Cancer Support Community (CSC)

**Year Joined the CoC:** 2010

**Mission Statement:** To ensure that all people impacted by cancer are empowered by knowledge, strengthened by action, and sustained by community.

Backed by evidence that the best cancer care includes emotional and social support, the Cancer Support Community offers these services to all people affected by cancer. Likely the largest professionally-led network of cancer support worldwide, the organization delivers a comprehensive menu of personalized and essential services. Because no cancer care plan is complete without emotional and social support, the Cancer Support Community has a vibrant network of community-based centers and online services run by trained and licensed professionals.

In July 2009, The Wellness Community and Gilda's Club Worldwide joined forces to become the Cancer Support Community. The combined organization provides high-quality psychological and social support through a network of nearly 50 local affiliates, more than 100 satellite locations and online.

**Website:** [www.CancerSupportCommunity.org](http://www.CancerSupportCommunity.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

**1. Affiliate Network: Our grassroots network of nearly 50 local affiliates and over 100 satellite locations delivers a comprehensive array of personalized services to cancer survivors, families and caregivers including:**

- Professionally led Support Groups for Cancer Survivors, Caregivers, and Children
- One-on-One Counseling i.e. Open to Options (Treatment Decision Support)
- Education Programs i.e. "Ask the Doctor" Program, Cancer Transitions
- Healthy Lifestyle Courses i.e. Cooking for Life, Yoga, Tai Chi, Qigong
- Mind/Body Classes i.e. Mind/Body Meditation, Power of Silence
- Community Initiatives i.e. Joke Fest, Dragon Boat Teams, Community Sing, Studio Art

**2. Educational Programs: Frankly Speaking About Cancer (FSAC) provides an in-depth look into a variety of concerns cancer patients and their loved ones face following a diagnosis.**

- Educational booklets developed in partnership with oncology professionals, survivors and advocates
- Professionally-led workshops integrating psychosocial support and stress reduction

**3. Research and Training Institute: The First Institute in the US dedicated to psychosocial, behavioral and survivorship research and training in cancer.**

- Peer-reviewed research studies on the importance of social and emotional support

- Professional training programs that expand the Cancer Support Community model into diverse settings worldwide

**4. *Online Community:* CSC's Online Community supports and empowers patients and families around the world and is available 24x7.**

- Patient, survivor and caregiver education, Diagnosis-specific information
- Professionally-facilitated support groups
- CSC website in 2010: 9.2 Million hits, 8.5 Million page views, 2 Million visits, 195,000 unique visitors

***Recently Released Publications and/or Products:***

- Framing Life with Lymphoma (no cost)
- Frankly Speaking about Cancer: De Cuidador A Cuidador (no cost)--A Spanish-language publication for caregivers of women with breast cancer
- Frankly Speaking about Cancer: A Spotlight on Breast Reconstruction (no cost)
- Frankly Speaking about Cancer: Colorectal Cancer (no cost)
- Landro, L. (2010, April 13). Another Battle for Cancer Patients: Cost. *The Wall Street Journal, Health & Wellness p. 1.*
- *The Breast Cancer M.A.P. (Mind Affects the Physical) Project* Annual Index (available late Spring 2011, no cost)
- [www.wholecancerpatient.org](http://www.wholecancerpatient.org): The IOM Alliance for Quality Psychosocial Cancer Care has compiled hundreds of psychosocial resources available nationwide to assist health care professionals, patients and caregivers find the support services.

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and location(s) :

- Alliance for Quality Psychosocial Care Meeting, Washington D.C. November 4, 2011
- 2011 Cancer Summit, Washington D.C. November 5, 2011

***Please briefly describe your legislative/advocacy agenda:***

- CSC is at the very beginning of its entry into the policy and advocacy arena. CSC has engaged policy experts in Washington, DC and is in the process of defining its policy and legislative agenda and priorities.

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- **Screening Demonstration Project:** In partnership with City of Hope Comprehensive Cancer Center, the Cancer Support Community has developed a 36-item distress screening tool for community based settings. The aim of this exciting initiative is to screen 100% of new patients for distress, make appropriate referrals and provide follow-up care.
- **Open to Options:** This initiative provides treatment decision counseling where patients can ask questions, gain confidence, and become empowered to face their cancer. This evidence-based decision model designed to reduce decision regret for people in high stress situations.
- **Cancer Survivor Registry: The Breast Cancer M.A.P. (Mind Affects the Physical) Project:** *The M.A.P. Project* is a new movement created to identify and address the social and emotional needs that accompany a breast cancer diagnosis. To date, over 2,900 breast

cancer survivors have joined the online registry to answer questions and help the breast cancer community learn more about survivorship needs and ultimately discover innovative ways to address the impact of breast cancer.

*Submitted by:* Kim Thiboldeaux

*Date:* April 15, 2011



## Current Cancer Care Initiatives – 2011

**Organization Name:** Centers for Disease Control and Prevention

**Year Joined the CoC:** 1994

**Mission Statement:** To promote health and quality of life by preventing and controlling disease, injury, and disability. The CDC seeks to accomplish its mission by working with partners throughout the nation and world to monitor health, detect and investigate health problems, conduct research to enhance prevention, develop and advocate sound public health policies, implement prevention strategies, promote healthy behaviors, foster safe and healthful environments, and provide leadership and training.

**Website:** [www.cdc.gov](http://www.cdc.gov)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- Assessing the implications of health care reform on cancer screening programs.
- Awarding cooperative agreements to states, territories and tribal organizations to provide breast, cervical and colorectal cancer screening to low-income, uninsured and underinsured men and women.
- Awarding cooperative agreements to states, territories and tribal organizations to support comprehensive cancer control programs (CCCPs), including additional support to a subset of CCCPs to develop and implement policy and systems change strategies that promote cancer prevention and control.
- Awarding cooperative agreements to states and territories to support central cancer registries within these jurisdictions.
- Continuing essential applied research that brings a public health perspective to cancer issues and allows CDC to support its cancer prevention and control programs as well as inform surveillance, health communication and education development, and efforts to meet community needs.
- Convening a federal advisory committee to inform the direction of federal activities related to breast cancer in young women.

**Recently Released Publications and/or Products:**

- LC Richardson, MD, SH Rim, MPH, M Plescia, MD, *Vital Signs: Colorectal Cancer Screening among Adults Aged 50-75—United States, 2008* and *Vital Signs: Breast Cancer Screening among Women Aged 50-75—United States, 2008*; MMWR 59(26);813-816. July 9, 2010.
- *Racial/Ethnic Disparities and Geographic Differences in Lung Cancer Incidence --- 38 States and the District of Columbia, 1998—2006*; MMWR; 59(44);1434-1438. November 12, 2010.
- S. Jane Henley, MSPH, Jessica B. King, MPH, Robert R. German, DrPH, Lisa C. Richardson, MD, Marcus Plescia, MD. *Surveillance of Screening-Detected Cancers*

*(Colon and Rectum, Breast and Cervix)—United States, 2004-2006; MMWR 59(SS09);1-25. November 26, 2010.*

- JH Rowland, PhD, A Mariotto, PhD, CM Alfano, PhD, LA Pollack, MD, HK Weir, PhD, A White. *Cancer Survivors—United States, 2007; MMWR 60(09);269-272. March 11, 2011.*
- Berkowitz Z, Saraiya M, Benard V, Yabroff KR., *Common abnormal results of pap and human papillomavirus cotesting: what physicians are recommending for management. Obstet Gynecol. 2010 Dec;116(6):1332-40.*
- Seeff LC, Major A, Townsend JS, Provost E, Redwood D, Espey D, Dwyer D, Villanueva R, Larsen L, Rowley K, Leonard B., *Comprehensive cancer control programs and coalitions: partnering to launch successful colorectal cancer screening initiatives. Cancer Causes Control. 2010 Dec;21(12):2023-31. Epub 2010 Nov 18.*
- Wong CA, Saraiya M, Hariri S, Eckert L, Howlett RI, Markowitz LE, Brotherton JM, Sinka K, Martinez-Montañez OG, Kjaer SK, Dunne EF. *Approaches to monitoring biological outcomes for HPV vaccination: challenges of early adopter countries. Vaccine. 2011 Jan 29;29(5):878-85. Epub 2010 Nov 5.*
- Saraiya M, Berkowitz Z, Yabroff KR, Wideroff L, Kobrin S, Benard V. *Cervical cancer screening with both human papillomavirus and Papanicolaou testing vs. Papanicolaou testing alone: what screening intervals are physicians recommending? Archives of Internal Medicine, 2010 Jun 14;170(11):977-85.*

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and location(s):

- 2011 National Program of Cancer Registries (NPCR) Program Directors' Meeting. Atlanta, GA. April 5-6, 2011.
- 2011 National Comprehensive Cancer Control Program (NCCCP) Program Directors' Meeting. Atlanta, GA. May 3-5, 2011.
- 2011 National Breast and Cervical Cancer Early Detection Program (NBCCEDP) Program Directors' Meeting. Atlanta, GA. Date TBD.
- 2011 Colorectal Cancer Control Program (CRCCP) Program Directors' Meeting. Atlanta, GA. Date TBD.
- Division of Cancer Prevention and Control National Cancer Conference. Atlanta, GA. February, 2012.

***Please briefly describe your legislative/advocacy agenda:***

- CDC does not engage in advocacy activities

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- Impact of health care reform legislation that may impact cancer screening programs
- Efforts to promote sustainable cancer prevention and control through policy, systems and environmental change strategies.
- Efforts to address the public health needs of cancer survivors.

***Submitted by:*** Centers for Disease Control and Prevention

***Date:*** April 11, 2011

**Organization Name:** College of American Pathologists

**Year Joined the CoC:** 1953

**Mission Statement:** The principal organization of board-certified pathologists, serves and represents the interests of patients, pathologists, and the public by fostering excellence in the practice of pathology and laboratory medicine.

**Website:** [www.cap.org](http://www.cap.org)  
[www.mybiopsy.org](http://www.mybiopsy.org)  
[MyHealthTestReminder.org](http://MyHealthTestReminder.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- The CAP Pathology and Laboratory Quality Center (The Center) is collaborating with the following organizations to create future guidelines and whitepapers to be released in 2011 and 2012:
  - International Association for the Study of Lung Cancer (IASLC) and Association for Molecular Pathologists (AMP) on guidelines for non-small cell lung cancer biomarkers
  - American Society for Colposcopy and Cervical Pathology (ASCCP) on the standardization of lower anogenital squamous terminology
  - Association for Directors of Anatomic and Surgical Pathology (ADASP) on effective communication of urgent and significant unexpected diagnoses in anatomic pathology
- The Center announced the following projects for 2011:
  - Molecular Markers for the Evaluation of Colorectal Cancer – Addressing clinical applications, as well as pre-analytic, analytic and post-analytic testing.
  - Diagnostic Error Reduction in Surgical Pathology through Targeted Case Review- Addressing diagnostic errors and potential corrections that improve accuracy.
  - Bone Marrow Synoptic Reporting for Hematologic Neoplasms-Addressing the variation in reporting methodologies and styles, the intent is to describe a standardized approach to communicating diagnoses.
  - Labeling Requirements for Anatomic Pathology-Addressing the variation in labeling, the intent is to create a systematic and standardized approach to labeling.
  - ASCO-CAP Guideline Recommendations for HER2 Testing in Breast Cancer – Update to 2007 Edition-To revisit and potentially revise, the 2007 HER2 guidelines-as determined by the literature and changes in practice since the guideline’s original publication.
- **MyBiopsy.org** -The College of American Pathologists developed [MyBiopsy.org](http://MyBiopsy.org) to provide patients and their loved ones with accurate and credible information on more than 40 of the most common cancers and cancer-related conditions. The site offers

resources, tools, and features to help patients and their families better understand their diagnosis and evaluate treatment options. The site provides questions that patients can ask their doctors and images of normal and diseased cells and tissues to help patients better understand what cancer looks like and gain a sense of control during what can be a frightening time.

- **MyHealthTestReminder.org** -Visitors to [MyHealthTestReminder.org](http://MyHealthTestReminder.org) can register to receive a free email reminder prompting them to call their physician to schedule potentially life-saving health screening tests or make a blood donation. Pathologists developed the information on MyHealthTestReminder.org, which is available in English and Spanish.

***Recently Released Publications and/or Products:***

- ASCO-CAP Guideline Recommendations for Immunohistochemical Testing on Estrogen (ER) and Progesterone Receptors (PgR) in Breast Cancer were released on April 19, 2010
- The CAP and ASCO released a Clinical Notice on January 12, 2011 related to reconciliation of specimen handling required for HER2 and ER, PgR.
- Cancer Protocol revisions were made to over 50 protocols. Some revisions were based on the errata release to the American Joint Committee on Cancer (AJCC) 7<sup>th</sup> edition TNM staging manual. The Invasive Breast Cancer Protocol was revised to accommodate updates from the ASCO-CAP ER/PgR guidelines.

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and location(s):

- CAP Annual Meeting – September 11-14, 2011 – Dallas, TX

***Please briefly describe your legislative/advocacy agenda:***

- The CAP has joined and is active in the Cancer Leadership Council (CLC), a patient-centered forum of national advocacy organizations addressing public policy issues in cancer.
- The CAP supports federal legislation aimed at improving cancer care, including legislation related to cancer prevention, research, clinical trials and patient-centered care coordination.
- CAP facilitates pathologists participation in State Comprehensive Cancer Control Plans.

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- None at this time

***Submitted by:*** Beth Anne Chmara

***Date:*** April 28, 2011



## Current Cancer Care Initiatives – 2011

**Organization Name:** Department of Defense

**Year Joined the CoC:** 1991

**Mission Statement:** To provide the military forces needed to deter war and to protect the security of the United States.

**Website:** [www.defenselink.mil](http://www.defenselink.mil)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- Realignment of cancer care in the metropolitan D.C. and San Antonio regions of the Department of Defense occurred under the BRAC (Base Realignment and Closure) Act of 2006 with the consolidation of large DoD medical centers in those regions and multi-billion dollar medical construction efforts to improve and extend patient care, all will be completed by Sep 2011
- The DoD's first Cancer Center opened this year at the new Walter Reed NMMC in Bethesda and the process is underway to achieve Comprehensive Cancer Center accreditation by the NCI
- The OAA (Outstanding Achievement Award) for CoC Programs was earned this year by three DoD sites – William Beaumont Army Medical Center and Tripler Army Medical Center, and Naval Medical Center San Diego also again received the award in 2010, as it had in 2007 and 2004.
- TCGA (The Cancer Genome Atlas Project) headed by the NCI put out an RFP call for best available breast cancer tissue specimens for its Breast Cancer Genome Project. The Clinical Breast Care Project (CBCP) of the DoD has acquired a pristine collection of over 40,000 breast biospecimens from IRB-approved and consented patients over the past decade. TCGA leadership reviewed the DoD CBCP proposal and after performing QA on our specimens, in March 2010 accepted the DoD samples as part of the first group of breast cancer specimens that are being gene sequenced under the TCGA project now underway. DoD CBCP breast samples as of April 2011 make up the second largest number of samples in the TCGA breast project, and are the largest number that have been chosen as part of a select subset for full-genome sequencing. Initial results are expected to be released in the Fall 2011 by NCI TCGA.
- Walter Reed NMMC, NMCS D and NMCCR are in the process of ACoS-CoC accreditation of their breast cancer centers, through the National Accreditation Program for Breast Centers (NAPBC).
- In 2010, Wright-Patterson AFB was designated the DoD test site for implementation of the cancer-specific EMR (Electronic Medical Record) that will communicate into the existing EMR system (AHLTA), to include both radiation and medical oncology specialties. Success of this pilot project would result in implementation across the entire DoD.

***Recently Released Publications and/or Products:***

- Ellsworth RE, Ellsworth DL, Weyandt JD, Fantacone-Campbell JL, Deyarmin B, Hooke JA, Shriver CD. "Chromosomal Alterations in Pure Nonneoplastic Breast Lesions: Implications for Breast Cancer Progression." *Ann Surg Oncol*, 27 January 2010. [Epub ahead of print] PMID: 20107913 [PubMed]
- Buckenmaier III CC, Kwon KH, Howard RS, McKnight GM, Shriver CD, Fritz WT, Garguilo GA, Joltes KH, Stojadinovic A. "Double-Blinded, Placebo-Controlled Prospective Randomized Trial Evaluating the Efficacy of Paravertebral Block With and Without Continuous Paravertebral Block Analgesia in Outpatient Breast Cancer Surgery." *Pain Medicine* 2010; 11:790-799. Wiley Periodicals, Inc.
- Stojadinovic A, Eberhardt C, Henry L, Eberhardt J, Elster E, Peoples G, Nissan A, Shriver CD. "Development of a Bayesian Classifier for Breast Cancer Risk Stratification: A Feasibility Study." *Eplasty*, vol 10, pp 203-216, 29 March 2010, ISSN: 1937-5719. Open Science Co. LLC, Springfield, Illinois.

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and location(s):

- DoD Cancer Registry Conference 2011: "The Magic of Education". Orlando, FL, May 18-21, 2011.

***Please briefly describe your legislative/advocacy agenda:***

- Not applicable

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- BRAC integration of military healthcare delivery resulting in consolidation of Tumor Registries in the San Antonio and Washington/Bethesda regions. DoD officials have been in communication with CoC representatives over the past 12 months and have identified the proper way forward at both locations.

***Submitted by:*** Craig D. Shriver, MD FACS  
COL MC USA  
Walter Reed Army Medical Center  
Washington, DC

***Date:*** April 27, 2011

**Organization Name:** Department of Veterans Affairs (VA)  
Veterans Health Administration (VHA)

**Year Joined the CoC:** 1961

**Mission Statement-Department of Veterans Affairs:**

To fulfill President Lincoln's promise "To care for him who shall have borne the battle, and for his widow, and his orphan" by serving and honoring the men and women who are America's veterans.

**Mission Statement-Veterans Health Administration (healthcare arm of Dept. of Veterans Affairs):**

Honor America's Veterans by providing exceptional health care that improves their health and well-being.

**Websites:** <http://www.va.gov/> (for Department of Veterans Affairs)  
<http://www1.va.gov/health/> (for Veterans Health Administration)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- A VHA-specific chemotherapy ordering package, building on the strength of the VA's existing electronic medical record system, is being constructed. Contracting phase concludes June 2011.
- A national database for chemotherapy administration is planned as part of the above project.
- Addition to the VHA Oncology Sharepoint site of a section devoted to evidence-based chemotherapy regimens and order sets.
- A VHA special study of lung cancer care, building on a previous study of VA lung cancer care by Abt Associates and Harvard Medical School, is nearing completion.
- Quality indicators for hepatocellular cancer care and head and neck cancer care are being finalized.
- VHA is participating in the NCI's "Cancer Patient Outcomes Challenge" project

**Recently Released Publications and/or Products:**

- Komrokji RS, Matacia-Murphy GM, Al Ali NH, Beg MS, Safa MM, Rollison DE, et al. Outcome of patients with myelodysplastic syndromes in the Veterans Administration population. *Leuk Res*;34(1):59-62.
- Peduzzi P, Kyriakides T, O'Connor TZ, Guarino P, Warren SR, Huang GD. Methodological issues in comparative effectiveness research: clinical trials. *Am J Med*;123(12 Suppl 1):e8-15.
- Matula SR, Trivedi AN, Miake-Lye I, Glassman PA, Shekelle P, Asch S. Comparisons of quality of surgical care between the US Department of Veterans Affairs and the private sector. *J Am Coll Surg*;211(6):823-32
- Smith AK, Cenzer IS, Knight SJ, Puntillo KA, Widera E, Williams BA, et al. The epidemiology of pain during the last 2 years of life. *Ann Intern Med*;153(9):563-9.

- Keating NL, Landrum MB, Lamont EB, Earle CC, Bozeman SR, McNeil BJ. End-of-life care for older cancer patients in the Veterans Health Administration versus the private sector. *Cancer*;116(15):3732-9.

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and location(s):

- Association of VA Hematology/Oncology (AVAHO) will be held on October 14-16, 2011 in Kansas City, MO.

***Please briefly describe your legislative/advocacy agenda:***

- As a federal agency, the VA is prohibited from lobbying congress.

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- More robust and granular chemotherapy data in existing outcomes registries/databases.

***Submitted by:*** Scott A. Hundahl, MD, FACS, FSSO, FAHNS  
Chief of Surgery, VA Northern California Health Care System  
Professor of Surgery, U.C. Davis

***Date:*** April 11, 2011

**Organization Name:** LIVESTRONG

**Year Joined the CoC:** 2010

**Mission Statement:** LIVESTRONG fights for the 28 million people around the world living with cancer today LIVESTRONG feels there can be - and should be - life after cancer for more people. That's why they kick in at the moment of diagnosis, giving people the resources and support they need to fight cancer head-on. They find innovative ways to raise awareness, fund research and end the stigma about cancer that many survivors face. LIVESTRONG connects people and communities to drive social change, and call for state, national and world leaders to help fight this disease. The organization seeks to promote the optimal physical, psychological and social recovery and care of cancer survivors and their loved ones by focusing its activities on survivorship education and resources, community programs, national advocacy initiatives, and scientific and clinical research grants. Their website features a variety of information and resources for people living with cancer.

**Website:** [www.livestrong.org](http://www.livestrong.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- Establish cancer as a top health priority.
- Develop and deploy navigation resources, ensuring the best possible experience for all people with cancer, with an increased emphasis on underserved populations.
- Transform research to be patient-centered.
- Leverage networks of professionals, organizations and institutions to better meet the needs of people affected by cancer.
- Build and maintain an engaged community, taking meaningful action on cancer issues worldwide.
- Grow & sustain a world class brand that leads to measurable change in the lives of all people impacted by cancer.
- Design and implement the highest quality service to our constituents, volunteers and staff.
- Initiate planning for significant and diversified revenue ensuring the long-term stability of the LIVESTRONG mission

**Recently Released Publications and/or Products:**

- Navigating the cancer experience: Reviewing the impact of the LIVESTRONG cancer navigation services
- Defining survivorship care: Lessons learned from the LIVESTRONG Survivorship Center of Excellence Network

- The Promise of electronic health information Exchange

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and location(s):

- Essential Elements of Survivorship Care Delivery; Washington, DC; September 15-16
- LIVESTRONG Leadership Training Institute; Boston, MA; Oct 20-21<sup>st</sup>.

***Please briefly describe your legislative/advocacy agenda:***

**Global Policy Initiatives**

- All countries should develop and adopt national cancer plans.
- Funding for cancer research, prevention and treatment should be a priority.
- Multilateral organizations must integrate non-communicable disease targets into global health planning.
- Governments should support efforts to reduce cancer stigma.
- Universal access to cancer medications and care should be recognized as a human right.

**Federal Policy Initiatives**

- All people living with cancer should have access to patient-centric quality cancer care.
- We must provide systems of support for people affected by cancer.
- We must inform and engage patients in order to enhance outcomes.
- The U.S. must invest in 21st century research and a learning health care system.

**State Policy Initiatives**

- States should ensure the new federal health care reform law is enacted effectively.
- States should strengthen tobacco control measures, including smoke-free workplace laws and tobacco taxes.
- States should develop patient-centric electronic health information networks with a focus on improved individual and population health.
- States should pursue innovative funding measures to increase investments in cancer research and programs.
- States should prioritize the delivery of effective cancer pain relief and palliative care, including increased access to hospice.

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- Essential Elements of Survivorship Care Delivery; Washington, DC; September 15-16

***Submitted by:*** Ruth Rechis, on behalf of Andy Miller [MOR]

***Date:*** May 7, 2011



## Current Cancer Care Initiatives – 2011

**Organization Name:** National Cancer Institute

**Year Joined the CoC:** 1982

**Mission Statement:** The National Cancer Institute coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients. NCI-supported scientists and others have made significant progress against many forms of cancer, expanding our understanding of cancer as a complex set of diseases that will require many different lines of investigation.

NCI's Division of Cancer Control and Population Sciences (DCCPS) aims to reduce the incidence of and deaths from cancer, as well as enhance the quality of life for cancer survivors. The Division conducts and supports an integrated program of the highest quality genetic, epidemiologic, behavioral, social, and surveillance cancer research. Within the DCCPS the Applied Research Program (ARP) supports, conducts and coordinates research on the dissemination of effective cancer-related health services into community practice, and studies demographic, social, economic, and health system factors as they relate to providing preventive, screening, diagnostic, and treatment services for cancer and coordinates and sponsors research to measure, evaluate, and improve the outcomes of cancer care. The Surveillance Research Program manages the Surveillance, Epidemiology, and End Results (SEER) Program, an integrated, comprehensive, multiple population-based reporting system and provides leadership in developing statistical methodologies appropriate for analyzing trends and for evaluating the impact of cancer control interventions as well as geographic, social, behavioral, genetic, and health care delivery factors on the cancer burden.

**Websites:** [www.cancer.gov](http://www.cancer.gov)  
[www-surveillance.cancer.gov](http://www-surveillance.cancer.gov)  
[www-seer.cancer.gov](http://www-seer.cancer.gov)  
[www-appliedresearch.cancer.gov/](http://www-appliedresearch.cancer.gov/)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- *Revitalizing the Nation's Cancer Clinical Trials System:* In December 2010, NCI announced its intent to begin consolidating the current nine adult cooperative groups into up to four state-of-the-art entities that will design and perform improved trials of cancer treatments, as well as explore methods of cancer prevention and early detection and study quality-of-life issues and rehabilitation during and after treatment. The sole pediatric cooperative group was created by consolidating four pediatric cooperative groups a number of years ago, and that group will not be affected by the current consolidation effort.
- *Cancer Surveillance:* The Surveillance, Epidemiology, and End Results (SEER) Program is NCI's integrated population-based reporting system. The SEER data have been enhanced by linking cancer patients who are Medicare-eligible to their Medicare claims. The resulting SEER-Medicare database contains registry information and data for all Medicare covered services: hospitalizations, physician visits, outpatient clinic services, prescription drugs, and home health and hospice services for 1.6 million SEER cases. The data are longitudinal, allowing investigators to conduct studies on screening prior to a cancer diagnosis; patterns of care during the initial period of diagnosis and treatment; surveillance following diagnosis; and end-of-life care. NCI provides leadership not only in data collection but also in developing statistical methodologies appropriate for analyzing trends and for evaluating the impact of cancer control interventions as well as geographic, social, behavioral, genetic, and health care delivery factors on the cancer burden.
- *Estimating the impact of treatment and cancer control interventions:* The Cancer Intervention and Surveillance Modeling Network (CISNET) is a consortium of NCI-sponsored investigators that use statistical modeling to improve our understanding of cancer control interventions in prevention, screening, and treatment and their effects on population trends in incidence and mortality. These models can be used to guide public health research and priorities.
- *Geographic Information Systems:* Geospatial tools are used at NCI for a variety of applications, including the identification and display of the geographic patterns of cancer incidence and mortality rates in the US and their change over time; the creation of complex databases for the study of cancer screening, diagnosis and survival at the community level; environmental exposure assessment through satellite imagery; spatial statistical models to estimate cancer incidence, prevalence and survival for every US state; the identification of health disparities at the local level through the comparison of cancer outcomes across demographic subgroups, and development of new methods of displaying geospatial data for clear communication to the public and for examination of complex multivariate data by researchers.
- *Preparing a New Generation for Cancer Research:* In addition to providing intramural training, the NCI Center for Cancer Training (CCT) is dedicated to building cancer research capacity at institutions across the nation and fostering the next generation of the cancer research workforce—a diverse, multidisciplinary workforce. NCI supports a range of fellowships, Career Development Awards, Institutional Training Awards, and Institutional Education Awards to help early-stage scientists and clinicians become independent investigators and to encourage senior scientists to become mentors for their younger colleagues.
- *Comparative Effectiveness Research in Cancer Prevention, Screening and Treatment:*

Comparative effectiveness research (CER) is defined as a rigorous evaluation of the impact of different options that are available for treating or preventing a given medical condition for a particular set of subjects.

***Recently Released Publications and/or Products:***

- Kohler BA, Ward E, McCarthy BJ, Schymura MJ, Ries LAG, Ehemann C, Jemal A, Anderson RA, Ajani UA, Edwards BK. Report to the Nation on the Status of Cancer, 1975-2007, Featuring Tumors of the Brain and Other Nervous System. *JNCI*; May 4, 2011.
- SEER Data, 1973-2008 includes incidence and population data associated by age, sex, race, year of diagnosis, and geographic areas (including SEER registry and county).
- Mariotto AB, Yabroff KR, Shao Y, Feuer EJ, and Brown ML. Projections of the Cost of Cancer Care in the United States: 2010-2020. Jan 19, 2011, *JNCI*, Vol. 103, No. 2.
- The Health Disparities Calculator (HD\*Calc) is statistical software designed to generate multiple summary measures to evaluate and monitor health disparities (HD). HD\*Calc was created as an extension of SEER\*Stat that allows the user to import SEER data and other population based health data to calculate any of eight disparity measurements.
- Hadley J, Yabroff KR, Barrett MJ, Penson DF, Saigal CS, Potosky AL. Comparative effectiveness of prostate cancer treatments: evaluating statistical adjustments for confounding in observational data. *J Natl Cancer Inst* 2010 Dec 01;102(23):1780-93.

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and location(s):

- The North American Association of Central Cancer Registries, Inc. (NAACCR), conferences in Louisville, KY, on June 18-24, 2011. Theme: Cancer Surveillance: Keeping Pace with Policy, Science, and Technology.
- National Cancer Registrars Association: Enrichment and Education for Cancer Registry Professionals, May 15-18, 2011, in Orlando, FL.
- SEER-Medicare Training Workshop, November 7-8, 2011, Rockville, MD.

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- ACoS is engaged in many Patterns of Care/Quality of Care activities with ARP.

***Submitted by:*** Brenda K. Edwards, PhD, Associate Director, Surveillance Research Program, DCCPS, NCI and Joan L. Warren, PhD, Health Services and Economics Branch, Applied Research Program, DCCPS, NCI

***Date:*** April 21, 2011

**Organization Name:** National Cancer Registrars Association

**Year Joined the CoC:** 1976

**Mission Statement:** Serve as the premier education, credentialing & advocacy resource for cancer data professionals. The following strategies address this mission:

- I. *Education/Professional Development* - Provide comprehensive educational opportunities that are accessible, cost appropriate & forward-thinking.
- II. *Credentialing* - Advance, administer & deliver a continually improving credentialing program to meet the needs of the profession.
- III. *Recruitment & Retention* - Expand the workforce of the cancer registry profession by encouraging new people to enter the field & by improving retention of those currently in the field.
- IV. *Member & Customer Services* - Assure satisfaction of internal & external NCRA customers & excellence in communications.
- V. *Advocacy* - Be a strong advocate for our members by actively engaging in processes to network & communicate to affect an opinion.
- VI. *Administration & Finance* - Maintain financial viability with an effective & efficient infrastructure.

**Website:** [www.ncra-usa.org](http://www.ncra-usa.org) | [www.ctrexam.org](http://www.ctrexam.org) | [www.creducationcenter.org](http://www.creducationcenter.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- Partnership with the CoC on implementing standards changes
- Increasing NCRA visibility within standard setting organizations via appointments to Committees and Task Forces as requested by the CoC, SEER, CAP, and AHIMA
- Cancer Registry Workload Study (hospital) completed with report posted on NCRA website. Central Registry portion of study underway.
- Promoting the concept of a stakeholder wide Cancer Registry Workforce Recruitment and Retention Plan
- Expanding opportunities for cancer registrars to access education by developing new training topics and channels
- Ongoing monitoring of the NCRA Strategic Management Plan to ensure adherence and completion

**Recently Released Publications and/or Products:**

- Cancer Registry Management Principles and Practice; 3<sup>rd</sup> Edition May 2011
- [NCRA's Workload and Staffing Study: Guidelines for Hospital Cancer Registry Programs](#) January 2011
- Advanced Abstracting Webinars

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and location(s) :

- NCRW April 11-15, 2011; Nationwide
- NCRA 37th Annual Conference; May 15-18, 2011; Orlando, FL
- CTR Exam Prep Workshop; Baltimore, MD
- Collaborative Stage Version 2 –Webinar Series; 2011
- Advanced Webinar Series - 2011

***Please briefly describe your legislative/advocacy agenda:***

- Ongoing monitoring of all national legislation tied to Cancer Registry Workforce
- Ongoing monitoring of state legislation tied to CTR Credential

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- Integrating the Workload Study findings
- Recruitment and Retention of CTR's
- Annual Educational Conference partnering

***Submitted by:*** Lori Swain  
NCRA Executive Director  
LSwain@ncra-usa.org

Susan Koering, MEd, RHIA, CTR  
NCRA President 2010 - 2011

Deborah Dickerson, RHIT, CTR  
NCRA CoC Liaison

***Date:*** April 15, 2011

**Organization Name:** National Comprehensive Cancer Network

**Year Joined the CoC:** 2005

**Mission Statement:** NCCN develops and promotes national programs to facilitate the fulfillment of NCCN Member Institution missions in education, research, and patient care. NCCN develops and communicates scientific, evaluative information to inform and improve the decision-making process between patients and physicians. NCCN seeks to enhance the effectiveness and efficiency of cancer care delivery through information resources, outcomes research, clinical trials, and other contributions to the cancer care delivery system. NCCN seeks to improve the overall quality and effectiveness of care available to patients.

**Website:** [www.nccn.org](http://www.nccn.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- Develop the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines™), NCCN Drugs & Biologics Compendium (NCCN Compendium™), and NCCN Chemotherapy Order Templates (NCCN Templates™)
- Collaborate with the National Business Group on Health (NBGH) to develop a series of resources for large employers, including an *Employer's Guide to Cancer Treatment and Prevention*
- Develop the NCCN Guidelines for Patients™, which are consumer-friendly translations of the NCCN Clinical Practice Guidelines in Oncology
- Collaborate with information technology companies to integrate NCCN-related content into electronic decision-assist and quality improvement tools
- Provide timely educational content in a variety of user-friendly formats (e.g., webcasts, streaming video, podcasts, etc.)
- Hold national summits on major policy issues (e.g., biosimilars) in the oncology space

**Recently Released Publications and/or Products:**

- 51 – 2011 versions of the Complete Library of NCCN Clinical Practice Guidelines in Oncology
- *JNCCN* (12 issues to be published in 2011)
- NCCN Task Force Report: Tyrosine Kinase Inhibitor Therapy Selection in the Management of Patients with Chronic Myelogenous Leukemia (supplement to *JNCCN*, February 2011)
- NCCN Task Force Report: Optimizing Treatment of Advanced Renal Cell Carcinoma with Molecular Targeted Therapy (supplement to *JNCCN*, February 2011)
- *JNCCN* Special Edition: Oncology Pharmacy & Policy (supplement to *JNCCN*, February 2011 and October 2010)

- Preliminary Report: The Development of the NCCN Comparative Therapeutic Index™ as a Clinical Evaluative Process for Existing Data in Oncology (supplement to *JNCCN*, August 2010)
- NCCN Task Force Report: Specialty Pharmacy (supplement to *JNCCN*, July 2010)
- NCCN Task Force Report: Update on the Management of Patients with Gastrointestinal Stromal Tumors (supplement to *JNCCN*, April 2010)

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and location(s):

- NCCN Oncology Policy Summit: Biosimilars – Regulatory, Scientific, and Patient Safety Perspectives - April 29, 2011 in Washington, D.C.
- NCCN 2011 Congress Series: Respiratory Tract Cancers – June 29, 2011 in Durham, NC
- NCCN Oncology Policy Summit: Molecular Testing – July 14, 2011 in Washington, D.C.
- NCCN 6<sup>th</sup> Annual Congress: Hematologic Malignancies™ - September 9-10, 2011 in New York, NY
- NCCN 17<sup>th</sup> Annual Conference: Clinical Practice Guidelines & Quality Cancer Care™ - March 14-18, 2012 in Hollywood, FL

***Please briefly describe your legislative/advocacy agenda:***

- Ensure that the NCCN Drugs & Biologics Compendium is utilized by third party payors in accordance with existing statutory and administrative law
- Ensure that state laws are up-to-date and consistent with existing federal standards as it relates to the use of compendia in off-label coverage determinations regarding drugs and biologics in cancer care
- Enhance patient access to clinical trials and reduce related administrative burdens

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- Evaluation of the quality of cancer care

***Submitted by:*** William T. McGivney, PhD

***Date:*** April 13, 2011



## Current Cancer Care Initiatives – 2011

- Organization Name:** National Consortium of Breast Centers, Inc.
- Year Joined the CoC:** 2006
- Mission Statement:** To promote excellence in breast health care for the general public through a network of diverse professionals dedicated to the active exchange of ideas and resources, including: 1. To serve as an informational resource and to provide support services to those rendering care to people with breast diseases through educational programs, newsletters, a national directory, and patient forums; 2. To encourage professionals to concentrate and specialize in activities related to breast disease; 3. To encourage the development of programs and centers that address breast disease and promote breast health; 4. To facilitate collaborative research opportunities on issues of breast health; and 5. To develop a set of core measures to define, improve and sustain quality standards in comprehensive breast programs and centers.
- Website:** [www.breastcare.org](http://www.breastcare.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- Possibility of Survivorship for a Pre-Conference.
- 22<sup>nd</sup> Annual Meeting: National Interdisciplinary Breast Conference to be held March 10<sup>th</sup>- 14<sup>th</sup> 2012 in Las Vegas
- Updating website
- Abstract Timeliness of breast tissue pathology reports: Quality Thresholds for Breast Centers
- Maintain a web-based database of questions submitted by members along with answers for breast centers to learn from each other
- Development of Certification programs with core competencies for professionals providing breast health/cancer care

**Recently Released Publications and/or Products:**

- A few select top scoring abstracts from the 20<sup>th</sup> Annual meeting will be published in abstract form in the American Journal of Clinical Oncology (AJCO) in 2011
- National Quality Measures for Breast Centers is available on-line for participating breast centers
- Breast Patient Navigation Certification

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and location(s):

- Planning meeting for 2012, May 14<sup>th</sup> in Chicago
- 22<sup>nd</sup> Annual Meeting: National Interdisciplinary Breast Conference to be held March 10<sup>th</sup>- 14<sup>th</sup> 2012 in Las Vegas
- Pre-Conference on Genetics to be held March 10-14 in Las Vegas
- Pre-Conference on Quality to be held March 10-14 in Las Vegas
- Pre-Conference on Navigator Certification to be Held March 10-14 in Las Vegas
- Pre-Conference Clinical Breast Examination and Certification to be held March 1-14 in Las Vegas
- Navigator Recertification June 25<sup>th</sup> and 26<sup>th</sup> 2011 in Kansas City, KS
- Clinical Breast Examination and Certification July 23-24 2011 in Kansas City, KS

***Please briefly describe your legislative/advocacy agenda:***

- We interact with advocacy groups but our organization does not have a legislative/advocacy agenda.

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- The quality program, National Quality Measures for Breast Centers™, is a unique robust web-based quality program. The NCDB has been very interested in our structure to provide real-time feedback to our centers. The CoC might wish to see a demonstration

***Submitted by:*** Cary S. Kaufman, MD, FACS

***Date:*** June 29, 2011

**Organization Name:** National Society of Genetic Counselors

**Year Joined the CoC:** 2004

**Mission Statement:** To promote the genetic counseling profession as a recognized and integral part of health care delivery, education, research and public policy.

**Website:** [www.nsgc.org](http://www.nsgc.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- Our CoC liaison continues to represent the NSGC as a resource for the standards for genetic counseling and genetic risk assessment that were established for the CoC and NAPBC. As part of these efforts, NSGC and CoC will be giving lectures regarding these standards at the NSGC and CoC annual conferences in 2011.
- We continue to work on collaborative projects with representatives from other professional organizations representing cancer care specialists to enhance provider education in cancer genetics. These organizations include the Association of Community Cancer Centers, Oncology Nursing Society, Society of Gynecologic Oncologists, the American College of Medical Genetics, and the Society of Breast Imaging.
- Continue to develop a variety of articles pertaining to hereditary cancer risk for publication in the journal *Community Oncology*.
- Continue to increase consumer awareness about genetic counseling and risk assessment by exhibiting at the annual FORCE (Facing Our Risk of Cancer Empowered) advocacy meeting to be held in Orlando, FL in June 2011.
- Members of NSGC's Cancer Special Interest Group (SIG) collaborated with ASCO (American Society of Clinical Oncology) and ACMG (American College of Medical Genetics) to update the practice guidelines for Cancer Genetics Risk Assessment; expected completion 2011. Additionally, the NSGC Cancer SIG with the CGA-ICC (Collaborative Group of the Americas on Inherited Colon Cancer) are in the final stages of updating the practice guidelines on hereditary colorectal cancer genetic testing
- NSGC rolled out a new logo last year and continues to renew branding efforts to increase our visibility among our healthcare provider colleagues. Currently the SIGs are developing website content including provider information and recommendations in line with the new NSGC brand messages.

**Recently Released Publications and/or Products:**

- The NSGC Cancer SIG posted a resource for launching a cancer genetics program on our national website in 2010: *Practice Resources for Starting, Expanding, and Supporting a Cancer Genetics Program*.
- In 2010, 3 publications by genetic counselors have been included in *Community Oncology* through our ongoing collaborations; 5 manuscripts are in progress.
- Members of our Cancer SIG, Deborah Wham MS, CGC, and her colleagues, were awarded the Cancer SIG Grant Award for 2008. They published the results of their study

in 2010: Wham D, et al. *Assessment of clinical practices among cancer genetic counselors*. *Fam Cancer*, 2010;9(3):459-68.

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and location(s):

- NSGC 2011 Annual Education Conference, October 27-30 (San Diego, California) with Pre-Conference Symposium which includes a day-long course featuring a panel of experts regarding pharmacogenomics and cancer genetics
- Currently available online educational opportunities:
  - NSGC 2010 Online Course: The Common Disease in the Family History
  - 2011 Journal of Genetic Counseling CEU Program
  - NSGC 2009-2011 Online Course: Genetic Counseling in a New Era of Genetic Medicine: Mutation-Based Treatment

***Please briefly describe your legislative/advocacy agenda:***

- Introduce federal legislation providing recognition and reimbursement for genetic counselors under Medicare. When enacted the legislation will improve access to genetic counselors.
- NSGC supports state licensure efforts for genetic counselors.
- NSGC is involved in a number of national efforts related to integrating genomics into medicine including providing testimony at the recent FDA hearings regarding regulation of genetic testing, the Institute of Medicine's Genomics Roundtable, participating in the HRSA Secretary's Advisory Committee on Heritable Disorders in Newborns and Children and having an NSGC representative on the NCHPEG Board of Directors.

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- Support NSGC's federal efforts towards improving access to genetic counselors (Medicare legislation).
- Support genetic counselor state licensure efforts

***Submitted by:*** Scott Weissman, MS, CGC

***Date:*** April 26, 2011



## Current Cancer Care Initiatives – 2011

**Organization Name:** National Surgical Adjuvant Breast and Bowel Project (NSABP)

**Year Joined the CoC:** 1996

**Mission Statement:** To conduct clinical trials in breast and colorectal cancer research.

**Website:** [www.nsabp.pitt.edu](http://www.nsabp.pitt.edu)  
<http://Foundation.NSABP.org>

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- The NSABP has conducted breast and bowel research as an NCI National Clinical Trials Group for 53 years. This is our 44<sup>th</sup> year of continuous federal funding. In response to the IOM report, we are joining with the Radiation Therapy Oncology Group (RTOG), to consolidate our organizations and move our scientific efforts forward. We are redefining our vision for the future of our combined research so that we will be effective in the era of personalized medicine.
- Continue our collaboration with industry to bring new multigene expression tests for colon cancer to the worldwide oncology community. The availability of the multigene expression test developed for the assessment of risk of recurrence in patients with Stage II disease was announced at ASCO in January 2010.
- Identify and implement appropriate strategies to effectively reduce the time required to develop clinical studies that meet the NSABP's stringent scientific standards and rigorous operational requirements. Science and medicine are moving rapidly and new agents and combinations of agents need to be tested in the clinical arena with speed and accuracy. Success in this effort will meet several organizations goals identified for our next 5 year grant period.

**Recently Released Publications and/or Products:**

- **SEE ATTACHED INFORMATION**

**Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), and location(s)):

- NSABP Group Meeting – March 25-27, 2011, Boca Raton, Florida
- NSABP Breast Cancer Working Group – October 2011, Pittsburgh, PA
- NSABP Colon Cancer Working Group – October 2011, Pittsburgh, PA

**Please briefly describe your legislative/advocacy agenda:**

- Active Advocacy Working Group members participate in review of NSABP clinical projects and represent the organization as members of national committees.
- Group meets face-to-face biannually with teleconferences as necessary.

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- Educate the public in the value of clinical trials and the contribution this research has made to innovations in patient care.
- Inform patients of the reasons it is vitally important they agree to contribute tissue when they participate in a trial.
- The consolidation of the National Clinical Trials program and the associated financial and governance issues related to the future of the federally sponsored clinical research system.

***Submitted by:*** Thomas Julian, MD

***Date:*** April 14, 2011

**Recently Released Publications and/or Products:**

Published Articles and Abstracts of the NSABP January 1, 2010 – December 31, 2010

(Journal Articles, Commentaries, Letters to the Editor)

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- Allegra CJ, Aberle DR, Ganschow P, Hahn SM, Lee CN, Millon-Underwood S, Pike MC, Reed SD, Saftlas AF, Scarvalone SA, Schwartz AM, Slomski C, Yothers G, Zon R. National Institutes of Health state-of-the-science conference statement: Diagnosis and management of ductal carcinoma in situ September 22-24, 2009. *J Natl Cancer Inst* 2010; 102(3):161-169.
- Ashikaga T, Krag DN, Harlow SP, Skelly JM, Julian TB, Brown AM, Weaver DL, Wolmark N. Morbidity results from the NSABP B-32 trial comparing sentinel lymph node dissection versus axillary dissection. *J Surg Oncol* 2010; 102(2):111-118.
- Burstein HJ, Prestrud AA, Seidenfeld J, Anderson H, Buchholz TA, Davidson NE, Gelmon KA, Giordano SH, Hudis CA, Malin J, Mamounas EP, Rowden D, Solky AJ, Sowers MR, Winer EP, Somerfield MR, Griggs JJ. American Society of Clinical Oncology clinical practice guideline: update on adjuvant endocrine therapy for women with hormone receptor-positive breast cancer. *J Clin Oncol* 2010; 28(28):3784-96.
- Costa RB, Kurra G, Greenberg L, Geyer CE. Efficacy and cardiac safety of adjuvant trastuzumab-based chemotherapy regimens for HER2-positive early breast cancer. *Ann Oncol* 2010; 21(11):2153-2160.
- De Gramont A, Hubbard J, Shi Q, O'Connell MJ, Buyse M, Benedetti JK, Bot B, O'Callaghan CJ, Yothers G, Goldberg RM, Blanke CD, Benson A, Deng Q, Alberts SR, Andre T, Wolmark N, Grothey A, Sargent DJ. Association between disease free survival and overall survival when survival is prolonged after recurrence in patients receiving cytotoxic adjuvant therapy for colon cancer: Simulations based on the 20,800 patient ACCENT dataset. *J Clin Oncol* 2010; 28(3):460-465.
- Dignam JJ. Re: racial disparities in cancer survival among randomized clinical trials of the southwest oncology group. *J Natl Cancer Inst* 2010; 102(4):279-280.
- Dunn BK, Greene MH, Kelley JM, Costantino JP, Clifford RJ, Hu Y, Tang G, Kazerouni N, Rosenberg PS, Meerzaman DM, Buetow K. Novel pathway analysis of genomic polymorphism-cancer risk interaction in the Breast Cancer Prevention Trial. *Int J Mol Epidemiol Genet* 2010; 1(4):332-349.
- Eng-Wong J, Costantino JP, Swain SM. The impact of systemic therapy following ductal carcinoma in situ. *J Natl Cancer Inst Monogr* 2010; 2010(41):200-203.
- Espeland MA, Shumaker SA, Limacher M, Rapp SR, Bevers TB, Barad DH, Coker LH, Gaussoin SA, Stefanick ML, Lane DS, Maki P, Resnick S. Relative effects of tamoxifen, raloxifene, and conjugated equine estrogens on cognition. *J Womens Health (Larchmt)*. 2010; 19(3):371-379.
- Fumagalli D, Gavin PG, Taniyama Y, Kim S, Choi H, Paik S, Pogue-Geile KL. A rapid, sensitive, reproducible and cost effective method for mutation profiling of colon cancer and metastatic lymph nodes. *BMC Cancer* 2010; 10(101).
- Ganz PA. Quality of life issues in patients with ductal carcinoma in situ. *J Natl Cancer Inst Monogr* 2010; 2010(41):218-222.
- Hammond ME, Hayes DF, Dowsett M, Allred DC, Hagerty KL, Badve S, Fitzgibbons PL, Francis G, Goldstein N, Hayes M, Hicks DG, Lester S, Love RR, Mangu PB, McShane LM, Miller K, Osborne CK, Paik S, Perlmutter J, Rhodes A, Sasano H, Schwartz JN, Sweep FC, Taube SE, Torlakovic EE, Valenstein P, Viale G, Visscher DW, Wheeler T, Wittliff JL, Wolff AC. American Society of Clinical Oncology/College of American Pathologists guideline recommendations for immunohistochemical testing of estrogen and progesterone receptors in breast cancer. *J Clin Oncol* 2010; 28(16):2784-2795.
- Houlihan RH, Kennedy MH, Kulesher RR, Lemon S, Wickerham DL, Hsieh C, Altieri DC. Identification of accrual barriers onto breast cancer prevention clinical trials: a case-control study. *Cancer* 2010; 116(15):3569-3576.
- Huang L, Johnson KA, Mariotto AB, Dignam JJ, Feuer EJ. Population-based survival-cure analysis of ER-negative breast cancer. *Breast Cancer Res Treat* 2010; 123(1):257-264.
- Kim C, Paik S. Gene expression-based prognostic assays for breast cancer. *Nat Rev Clin Oncol* 2010; 7(6):340-7.
- Krag DN, Anderson S, Julian TB, Brown AM, Harlow SP, Costantino JP, Ashikaga T, Weaver D, Mamounas EP, Jalovec LM, Frazier TG, Noyes RD, Robidoux A, Scarth HM, Wolmark N. Sentinel-

lymph-node resection compared with conventional axillary-lymph-node dissection in clinically node-negative patients with breast cancer: overall survival findings from the NSABP B-32 randomised phase 3 trial. *Lancet Oncol* 2010; 11(10):927-933.

- Kunitake H, Zheng P, Yothers G, Land SR, Fehrenbacher L, Giguere JK, Wickerham DL, Ganz PA, Ko CY. Routine preventive care and cancer surveillance in long-term survivors (LTS) of colorectal cancer: Results from NSABP Protocol LTS-01. *J Clin Oncol* 2010; 28(36):5274-5279.
- Land SR, Kopec JA, Julian TB, Brown AM, Anderson SJ, Krag DN, Christian NJ, Costantino JP, Wolmark N, Ganz PA. Patient-reported outcomes in sentinel-node negative adjuvant breast cancer patients receiving sentinel-node biopsy or axillary dissection: NSABP Phase III Protocol B-32. *J Clin Oncol* 2010; 28(25):3929-3936.
- Mamounas EP, Tang G, Fisher B, Paik S, Shak S, Costantino JP, Watson D, Geyer C Jr, Wickerham DL, Wolmark N. Association between the 21-gene recurrence score assay and risk of loco-regional failure in node-negative, ER-positive breast cancer: Results from NSABP 14 and NSABP B-20. *J Clin Oncol* 2010; 28(10):1677-1683.
- O'Connell MJ, Lavery I, Yothers G, Paik S, Clark-Langone KM, Lopatin M, Watson D, Baehner F, Shak S, Cowens JW, Wolmark N. Relationship between tumor gene expression and recurrence in four independent studies of stage II/III colon cancer patients treated with surgery alone or surgery plus adjuvant 5FU/LV. *J Clin Oncol* 2010; 28(25):3937-3944.
- Rastogi P. Targeting alternative pathways in HER2-positive breast cancer. *Oncology* (Williston Park) 2010; 24(5):415-416.
- Roh MS, Colangelo LH, O'Connell MJ, Deutsch M, Wolmark N. Reply to Glynne-Jones, et al. (Preoperative multimodality therapy improves disease-free survival in patients with carcinoma of the rectum: NSABP R-03). *J Clin Oncol* 2010; 28:e307.
- Russell SD, Blackwell KL, Lawrence J, Pippin JE Jr, Roe MT, Wood F, Paton V, Holmgren E, Mahaffey KW. Independent adjudication of symptomatic heart failure with the use of doxorubicin and cyclophosphamide followed by trastuzumab adjuvant therapy: a combined review of cardiac data from the National Surgical Adjuvant Breast and Bowel Project B-31 and the North Central Cancer Treatment Group N9831 clinical trials. *J Clin Oncol* 2010; 28(21):3416-3421.
- Schroen AT, Petroni GR, Wang H, Gray R, Wang XF, Cronin WM, Sargent DJ, Benedetti JK, Wickerham DL, Djulbegovic B, Slingluff CL Jr. Preliminary evaluation of factors associated with premature trial closure and feasibility of accrual benchmarks in phase III oncology trials. *Clin Trials* 2010; 7(4):312-321.
- Shapiro-Wright HM, Julian TB. Sentinel lymph node biopsy and management of the axilla in ductal carcinoma in situ. *J Natl Cancer Inst Monogr* 2010; 2010(41):145-149.
- Sparano JA, Pisano ED, White JR, Hunt KK, Mamounas EP, Perez EA, Hortobagyi GN, Gralow J, Comis RL. Recommendations for research priorities in breast cancer by the coalition of cancer cooperative groups scientific leadership council: Imaging and local therapy. *Breast Cancer Res Treat* 2010; 120(2):273-84.
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- Swain SM, Jeong J, Geyer CE. Amenorrhea from breast cancer therapy--not a matter of dose. *N Engl J Med* 2010; 363(23):2268-2270.
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- Vogel VG. Tipping the balance for the primary prevention of breast cancer. *J Natl Cancer Inst* 2010; 102(22):1683-1685.
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##### ***American Society for Therapeutic Radiation and Oncology (ASTRO), Oct 31-Nov 4, 2010***

- Thomas CR Jr, Glover KZ, Costantino JP, Feingold E, Wilson JW. Comparison of african american (aa) & caucasian patients in radiotherapy delivery in National Surgical Adjuvant Breast & Bowel Project (NSABP) breast cancer treatment trials. *I J Radiat Oncol Biol Physics (ASTRO)* 2010; 78(3 Suppl 1):S10-11 Abstr 22.

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- Julian TB, Costantino JP, Vicini FA, White JR, Arthur D, Rabinovitch R, Kuske R, Parda DS, Curran WJ, Wolmark N. Early toxicity results with 3-D conformal external beam therapy (CEBT) from the NSABP B-39/RTOG 0413 accelerated partial breast irradiation trial. ASCO 2010 Breast Cancer Symposium 2010. Abstract 92.

#### ***ASCO Gastrointestinal Cancers Symposium (Jan 22-24, 2010)***

- O'Connell MJ, Lavery IC, Gray R, Quirke P, Kerr D, Lopatin M, Yothers G, Lee M, Langone K, Wolmark N. Comparison of molecular and pathologic features of stage II and stage III colon cancer in 4 large studies conducted for development of the 12-gene colon cancer Recurrence Score. ASCO GI Cancers Symposium 2010. abstr ASCO GI 280
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- Kerr DJ, O'Connell MJ, Lavery IC, Gray RG, Yothers G, Quirke P, Lopatin M, Clark-Langone KM, Lee M, Wolmark N. Development and validation of genomic tests for cancer recurrence and treatment benefit: The role of randomized trials. Ann Oncol/ESMO 35 2010; 21(Suppl 8):viii44. abstr 83PD.

#### ***San Antonio Breast Cancer Symposium (SABCS) Dec 8-12, 2010***

- Ingle JN, Liu M, Wickerham DL, Schaid DJ, Mushiroda T, Kubo M, Costantino J, Goetz M, Ames M, Vogel V, Paik S, Batzler A, Flockhart D, Wolmark N, Nakamura Y, Weinshilboum RM. Genome-wide associations of breast events and functional genomic studies in high-risk women receiving tamoxifen or raloxifene on NSABP P1 and P2 prevention trials. A Pharmacogenomics

Research Network-RIKEN-NSABP collaboration. San Antonio Breast Cancer Symposium/Cancer Res 2010. Cancer Res 2010; 70(24 Suppl.) Abstract PD05-02. Poster discussion.

- Julian TB, Anderson SJ, Golesorkhi N, Fourchotte V, Mamounas EP, Wolmark N. Prospective outcomes for patients with micrometastases and macrometastases in sentinel nodes: NSABP B-32 sentinel node trial. San Antonio Breast Cancer Symposium/Cancer Res 2010. Cancer Res 2010; 70(24 Suppl.) Abstract S5-1.
- Tang G, Costantino JP, Crager M, Shak S, Wolmark N. Comparing the prediction of chemotherapy benefit in patients with node-negative, ER-positive breast cancer using the recurrence score and a new measure that integrates clinical and pathologic factors with the recurrence score. San Antonio Breast Cancer Symposium/Cancer Res 2010. Cancer Res 2010; 70(24 Suppl.) Abstract S4-9.
- Paik S. Susan G Komen for the Cure Brinker Awards for Scientific Distinction lecture: Prediction of benefit from systemic adjuvant therapies for breast cancer.

***Society of Surgical Oncology (SSO) Mar 3-7, 2010***

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- Lavery IC, O'Connell MJ, Lopatin M, Yothers G, Clark-Langone KM, Baehner F, Lee M, Shak S, Wolmark N. Number of nodes examined and the 12 Gene Colon Cancer Recurrence Score predict recurrence in stage II colon cancer in 2 independent studies. Society of Surgical Oncology (SSO) 2010; 17(Suppl 1):S85. abstr P162.

**Organization Name:** Oncology Nursing Society

**Year Joined the CoC:** 1982

**Mission Statement:** To promote excellence in oncology nursing and quality cancer care.

**Website:** [www.ons.org](http://www.ons.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- Identification and testing of quality measures for patients with breast cancer through a multi-year quality measures initiative, funded through a grant to the ONS Foundation from the National Philanthropic Trust's Breast Cancer Fund, that will extend to more diagnoses and lead to the highest level of care and competency.
- Survivorship initiative is working to expand the knowledge base around late effects, identifying gaps in knowledge, and driving further research and education.
- Working to continue to build capacity for international oncology nursing communities with training programs conducted in Alexandria, Egypt and Istanbul, Turkey.
- Reaching a larger audience by providing cancer care resources to nurses working in non-oncology settings
- Advocating for passage of legislation that will amend Medicare to provide for coverage of comprehensive cancer patient treatment education.
- Participating in Congressional briefings by actively engaging federal agencies such as the Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, and Centers for Medicaid and Medicare Services. ONS also sponsors IOM's National Cancer Policy Forum and has nominated several members to serve on a variety of committees and advisory groups created by the Affordable Care Act.

**Recently Released Publications and/or Products:**

- *Cancer Basics*
- *Chemotherapy and Biotherapy Scenarios*
- *Genetics and Genomics in Oncology Practice*
- *Handbook of Integrative Oncology Nursing: Evidence-Based Practice*
- *Help Wanted: Caregiver*
- *Multiple Myeloma: A Textbook for Nurses*
- *Principles of Skin Care and the Oncology Patient*
- *Guide to Oncology Symptom Management*
- *Access Device Guidelines: Recommendations for Nursing Practice and Education, 3<sup>rd</sup> ed.*

**Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), and location(s)):

- Advanced Practice Nursing Conference, November 3 – 5, 2011, Salt Lake City, UT
- Institutes of Learning, November 4 – 6, 2011, Salt Lake City, UT

- ONS 37<sup>th</sup> Annual Congress, May 3 – 6, 2012, New Orleans, LA
- ONS University: ONS's unique online system to deliver continuing nursing education using streamlined navigation and interactivity:  
<http://www.ons.org/CNECentral/ONSUniversity>

Topics include:

- Site-specific cancers
- Blood and marrow transplant
- Psychosocial care
- Symptom management
- Evidence-based practice
- Speaker training

***Please briefly describe your legislative/advocacy agenda:***

- ONS respectfully calls on the U.S. Congress and the Obama Administration to:
  - Promote and improve cancer symptom management and pain control;
  - Advance and ensure access to quality cancer prevention and care; and
  - Bolster the nation's nursing workforce to safeguard public health

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- Meeting the oncology educational needs of nurses practicing in a non-oncology setting
- Patient navigation and survivorship
- Collaboration with development of quality measures
- Oncology workforce shortage

***Submitted by:*** Diane M. Otte, RN, MS, OCN  
Director, Cancer Center and Dermatology  
Franciscan Skemp Healthcare  
Phone: 608-392-7149  
E-mail: [otte.diane@mayo.edu](mailto:otte.diane@mayo.edu)

Date: March 23, 2011

**Organization Name:** Society of Gynecologic Oncology

**Year Joined the CoC:** 1989

**Mission Statement:** To promote the highest quality of comprehensive clinical care through education and research in the prevention and treatment of gynecologic cancers.

**Website:** [www.sgo.org](http://www.sgo.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

**I. National Cancer DataBase/CoC project title: Society of Gynecologic Oncologists Quality Outcomes and Comparative Effectiveness Study of Ovarian Cancer Care- Co-PI's Bill Cliby and Rob Bristow**

SGO has been working with the Commission on Cancer and the National Cancer Database to receive a de-identified set of ovarian cancer data sets to analyze and produce the following projects:

1. Analysis of NCCN Guideline Therapy for Early-Stage Ovarian Cancer
2. Analysis of NCCN Guideline Therapy for Advanced-Stage
3. The State of Ovarian Cancer Care in the United States
4. Analysis of Disparities in Ovarian Cancer Care According to Race, Socio-economic Status (income, zip-code of residence, education level), and Payer Status

The group focused immediate efforts on Project # 3 and at SGO's 42<sup>nd</sup> Annual Meeting on Women's Cancer "**Adherence with National Comprehensive Cancer Network (NCCN) Guidelines Associated with Improved Survival in Ovarian Cancer Patients, A Study of 144,449 Patients From the National Cancer Data Base: A Project from The Society of Gynecologic Oncologists (SGO) Quality and Outcomes Committee**" was presented by Dr. Matt Powell as a Late-Breaking Abstract. The data from this abstract is also being presented at the CoC meeting in May, 2011.

The group is now working on Project # 4: **Analysis of Demographics of Disparity Indices (Race, Income, Payer, Education) in Ovarian Cancer.**

**Objective:** describe the differences in demographics and tumor-related characteristics according to each of the Disparity Indices.

The objectives and analytic plans were sent to the Washington University biostatistical team for review. The biostat team has prepared some primary analysis and we will be having a conference call to discuss in the next few weeks

- ***National Cancer DataBase/CoC project: Analysis of the National Cancer Database Experience in Endometrial Cancer: Patterns of Care, Identification of Quality Indicators, and Analysis of Factors Related to Disparities in Outcome-Co-PI's Ed Grendys and Sean Dowdy***

SGO is currently forming a project team to do the same type of analysis work, this time looking at an Endometrial Cancer PUF. The NCDB has received our LOI and we are now waiting for the release date for the PUF to begin.

Goals of data analysis include:

- Analysis of patterns of care (use of surgery, radiation, chemotherapy) in the treatment of endometrial cancer
  - Compliance of care delivered with guidelines published by the National Comprehensive Cancer Network (NCCN).
  - Analysis of social and demographic factors related to stage at diagnosis, treatments received, recurrence of cancer, and overall survival
  - Analysis of social and demographic factors related to disparities in stage of endometrial cancer at initial diagnosis
  - Identification of Quality Indicators related to endometrial cancer care
- ***SGO Quality Registry Development***

SGO's Quality and Outcomes Committee has been researching and investigating what a gyn specific registry would accomplish. The intent of the registry is to demonstrate quality care by individual physicians. A registry would provide a way to report Part IV data on MOC for ABOG and would show value to private insurers who might increase reimbursement for participation. Also, It would potentially be useful for PQRI participation. The committee met at the Annual Meeting and are in the process of choosing which registry tool to use.

## II. ***Recently Released Publications and/or Products:***

- *“Prophylactic and Risk-Reducing Bilateral Salpingo-oophorectomy: Review of Recommendations Based on the Level of Risk of Ovarian Cancer”*
- *What is the Role of HPV Typing in the United States now and in the Next Five Years in a Vaccinated Populations?”*
- *Can the Barriers to HPV Vaccination in High-Risk Populations be Overcome?*
- *How Does Public Policy Impact Cervical Screening and Vaccination Strategies?*

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and location(s):

- Nothing at this time. The Annual Meeting on Women's Cancer was held March 6-9, 2011 in Orlando, Florida. Webcasting is available through the SGO Connect tab on the website: [www.sgo.org](http://www.sgo.org)

***Please briefly describe your legislative/advocacy agenda:***

- Protect FY 2012 Federal funding for the National Cancer Institute and implement the recommendations of the SGO Strategic Plan for Gynecologic Cancer Research to allow for more resources being dedicated to these efforts.
- Preserve the ovarian cancer research program at the Department of Defense for FY 2012.
- Work with the new Medicare Innovation Center regarding a demonstration project to test new payment models for gynecologic cancer care.

- Creation of a physician payment system to replace the SGR that recognizes the value of the care provided by a gynecologic oncologist.
- Continue to increase SGO's grassroots capability to educate Members of Congress and other national policymakers, including investigating the feasibility of a political action committee.

*Please list emerging issues within your organization that the CoC should become engaged/involved in:*

- Nothing at this time

*Submitted by:* Edward C Grendys Jr., MD, FACOG, FACS

*Date:* April 15, 2011

**Organization Name:** Society of Nuclear Medicine - SNM

**Year Joined the CoC:** 2006

**Mission Statement:** To improve human health by advancing molecular imaging and therapy.

**Website:** [www.snm.org](http://www.snm.org) and [www.molecularimagingcenter.org](http://www.molecularimagingcenter.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

**SNM's Clinical Trials Network (CTN)** was created in 2008 and remains one of the organization's top priorities. The mission of the program is to facilitate the use of molecular imaging biomarkers in clinical trials through increased standardization, education, and overall quality improvement. CTN provides tools and resources to promote faster, more cost-effective drug development and increase the availability and performance of molecular imaging biomarkers for the benefit of patients worldwide. Since its launch in 2008, CTN has worked with pharmaceutical sponsors to provide them access to SNM's multicenter investigational new drug application (IND) for fluorothymidine (FLT) access to registries of qualified sites, manufacturers, and validated scanners, and imaging site education.

- CTN has three pharmaceutical founding members (Genentech, Eli Lilly, and BMS) and two biomarker developer company members (UPICT and IBA Molecular).
- The Clinical Trials Network (CTN) is assisting with 2 FLT studies and 2 FDG studies. The FLT studies are cross-referencing the SNM/CTN multicenter IND for FLT.
- The National Comprehensive Cancer Network (NCCN<sup>®</sup>) and SNM recently announced a collaboration to advance research for cancer imaging and therapies.
- CTN has 223 sites in our registry. Of those sites, CTN has 100 validated PET/CT scanners; 70 global sites with validated PET/CT scanners; 26 PET/CT scanners currently undergoing validation; 20 sites undergoing validation; and 24 fully qualified global sites.
- CTN has a group, which includes manufacturers, dedicated to developing a single "protocol" for all equipment vendors that can be used in clinical trials.
- The joint effort between UPICT and the CTN, as well as other global imaging agencies, to develop a standardized imaging protocol for FDG is well underway.
- A collaboration between CTN and the Japanese SNM and National Radiological Institute of Science (NRIS) is being discussed to promote standardization at clinical imaging and manufacturing sites throughout Japan.

**Comparative effectiveness research and guidelines.** SNM is dedicated to ensuring that patients continue to have access to critical medical diagnostic tests and high quality care. Molecular imaging is not only an essential component for the diagnosis and treatment of diseases, it can also contribute to more efficient and cost-effective health care by ensuring use of the most appropriate therapies and sparing patients from unnecessary treatment. CER and well-designed clinical trials showing improved patient outcomes are necessary for a sound scientific foundation and clinical acceptance of hybrid imaging procedures such as PET/CT and

SPECT/CT, especially with new tracers. In the summer of 2010, SNM hosted a workshop with stakeholders to review available methodologies and identify priorities in the fields of oncology, cardiology, and neurology. Experts in CER have developed a strategy to facilitate high quality CER and address evidence gaps. SNM intends to launch educational efforts and leverage diverse networks of partners to become a leader in this arena. Also with a focus on quality, SNM Practice Guidelines continue to be updated to include: recommendations about best state-of-the-art protocol and technology; more extensive radiation exposure information and radiopharmaceutical dose reduction, where applicable, to address concerns about radiation exposure; qualifications of personnel to address concerns about quality performance, interpretation, and radiation exposure; and more extensive references to support evidence.

**Education.** One of SNM's top priorities is to keep physician, scientist, and technologist members abreast of rapidly changing technology and maintenance of certification requirements. The SNM Annual Meeting continues to be the primary educational venue for nuclear and molecular imaging professionals. Our most recent meeting was Breast Cancer Imaging: State of the Art 2011, held in Bethesda, MD on the campus of the National Institutes of Health. This two-day symposium brought together individuals from multiple clinical and scientific disciplines associated with the diagnosis, staging and treatment of patients with breast cancer. Specifically the conference addressed the need for synergism between diagnostic radiology and molecular imaging as it is applied to the care of breast cancer patients. The speaker roster included expert diagnostic radiologists, molecular imaging physicians and scientists, medical oncologists, surgeons, economists and radiation oncologists. The meeting reviewed the current state of imaging in breast cancer; from the screening mammography controversy and advanced screening technology to local and distant staging and response to treatment. There were lectures by clinical experts caring for breast cancer patients regarding local and systemic treatment admixed with the imaging lectures. These lectures emphasized the role of molecular imaging in conjunction with radiology in enabling better treatment selection and evaluation and, importantly the ideal approach to assessing response to treatment. Timely topics on the agenda are cost effectiveness and radiation risk. The meeting concluded with a look into the future of molecular imaging in breast cancer and the potential of personalized, targeted care. Meeting content will be available online soon at [www.snm.org/breast2011](http://www.snm.org/breast2011)

- The recent conjoint SNM/ACNM Midwinter Meeting, held January 20–23 in Palm Springs, CA, featured a CT workshop, prostate cancer summit and CTN educational session.
- SNM continues to organize successful educational sessions at RSNA, American Society for Radiation Oncology, and American Society for Clinical Oncology meetings.
- SNM's flagship publication is JNM, which is currently ranked as the number 1 imaging journal, with an impact factor of 6.424, an all-time high. SNM also publishes the highly regarded JNMT and collaborates with the journal Molecular Imaging.
- SNM Web-based education has focused on maintenance of certification with the Lifelong Learning and Self-Assessment Program for Part II and the Practice Performance Assessment Program for Part IV, in addition to modules of interactive CT and PET/CT cases and CT case review workshops.
- SNM created a new program—RIT Resources, Information, and Tools—this year as an education and awareness program to recognize the importance of radioimmunotherapy, a cutting-edge cancer treatment option for patients that holds excellent promise.

**Outreach to referring physicians, patients, and administrators/regulators** is essential to achieve understanding of and support for nuclear medicine and molecular imaging. SNM recently created a Patient Advocacy Advisory Board that includes members from the Men's Health Network, Ovarian Cancer National Alliance, American Heart Association, Susan G. Komen Foundation, American Thyroid Association, the Alzheimer's Association, and patient advocate from the lymphoma community. SNM is creating materials for referring physicians and patients and is developing a new website exclusively for patients and the general public.

SNM is also dedicated to providing **health policy leadership on several regulatory, reimbursement, and research funding issues.** Currently, ensuring radiopharmaceutical availability is a major focus. The 2 reactors located in Canada and The Netherlands that supply most of the world's <sup>99</sup>Mo (for 17 million patient procedures) are now back in operation after major repairs and downtime. However, these reactors are aging, and new sources for <sup>99</sup>Mo are still needed. SNM continues to work with the medical community on long-term strategies for improving supply and on advocating for a domestic supply in the United States, in collaboration with other organizations. Another issue is the new U.S. Food and Drug Administration (FDA) regulations regarding current good manufacturing practice for PET radiopharmaceuticals. SNM has recently formed a coalition to negotiate with the FDA.

SNM's is working to:

- Pass the Consistency, Accuracy, Responsibility and Excellence in Medical Imaging and Radiation Therapy (CARE) Act. The CARE Act would require those who perform medical imaging and radiation therapy procedures to meet minimum federal education and credentialing standards in order to participate in federal health programs, including Medicare and Medicaid.
- Ensure Patient Access to medical imaging that is most appropriate to diagnose and treat each patient. As imaging's positive impact has grown, a corresponding increase in utilization has policymakers and providers justifiably considering how to manage the utilization of these services. These procedures save lives, therefore adequate and appropriate reimbursement for radiopharmaceuticals is necessary to ensure patient access to the right procedure, for the right patient, at the right time. Every year, more than 18 million men, women, and children need noninvasive molecular imaging procedures to diagnose, monitor and treat a variety of our most serious diseases. Advances in molecular imaging and nuclear medicine include image-guided surgery and imaging that is useful in planning surgery.
- Ensure Patient Access to medical imaging through a stable supply of medical radionuclides. There is no domestic source for Molybdenum-99 (Mo-99); the most commonly used medical radionuclide.
- Continue funding of DOE basic nuclear medicine research. For nearly 60 years, the Department of Energy has funded essential, fundamental nuclear medicine research. This investment supports the basic scientific research at the Department of Energy necessary to develop future breakthroughs in nuclear medicine imaging and therapy, allowing for earlier detection and treatment of cancer and other serious illnesses.

***Recently Released Publications and/or Products:***

- Journal of Nuclear Medicine – monthly
- Molecular Imaging Journal - bimonthly
- PET Pros – content available online at [www.snm.org/PETPros](http://www.snm.org/PETPros)
- Multimodality Molecular Imaging of Prostate Cancer, Palm Springs, CA, Jan 20-23, 2011– captured content available online at [www.snm.org](http://www.snm.org)

- Clinical Trials Network Workshop: Palm Springs, CA , Jan 20-23, 2011-captured content available online at [www.snm.org/ctn](http://www.snm.org/ctn)
- Breast Cancer Imaging: State of the Art 2011: April 21-22, 2011, Bethesda, MD - captured content soon to be available online
- Course in Molecular Imaging Fundamentals: launching in September 2011

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and location(s):

- SNM Mid-Winter Meeting, January, Palm Springs, CA, Jan 20-23, 2011
- Multimodality Molecular Imaging of Prostate Cancer, Palm Springs, CA, Jan 20-23, 2011
- Clinical Trials Network Workshop: Palm Springs, CA, Jan 20-23, 2011
- Breast Cancer Imaging: State of the Art 2011: April 21-22, 2011, Bethesda, MD
- SNM Annual Meeting, June 4-7, San Antonio, TX, June 4-6, 2011

***Submitted by:*** Marybeth Howlett, Managing Director

***Date:*** April 22, 2011

**Organization Name:** Society of Surgical Oncology

**Year Joined the CoC:** 1976

**Mission Statement:** The mission of the Society of Surgical Oncology is to improve patient care by advancing the science and practice of surgical oncology worldwide.

**Website:** [www.surgonc.org](http://www.surgonc.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- Recently achieved ABMS approval of a new Certificate of Subspecialty in Complex General Surgical Oncology. Beginning to work with the RRC-Surgery on timeline, curriculum and other requirements leading to implementation.
- Adopted a new Strategic Plan in October 2010 containing a new SSO Mission Statement as listed above: “The mission of the Society of Surgical Oncology is to improve patient care by advancing the science and practice of surgical oncology worldwide.”
- Continuing to investigate a variety of new international collaborative opportunities, including a second year of "Best of SSO" presentations in conjunction with international surgical oncology societies in several countries.
- Finalizing the development of a new Fellows Institute for training Breast Oncology and Surgical Oncology Fellows to be offered in summer 2011.
- Revitalizing the Society’s James Ewing Foundation to serve as the sole fundraising arm of surgical oncology, working in concert with the SSO and industry partners to secure support for a variety of educational programs and activities.
- Overall focus on increasing efforts to develop new surgical oncology-specific educational products & offerings.

**Recently Released Publications and/or Products:**

- “Colorectal Cancer and Liver Metastases”—SSO’s first online CME course offering released in February 2011.
- DVD-ROM compilation of the 2011 Annual Cancer Symposium content.
- Continued publication and circulation growth of the *Annals of Surgical Oncology*. The Journal’s current five-year Impact Factor of 4.443 puts it in the top 5% of all surgical journals.
- In November 2010, the Society launched a completely redesigned Web site, [www.surgonc.org](http://www.surgonc.org).

***Scheduled Conferences/Meetings/Educational Programs*** (please include title(s), date(s), and location(s):

- 2012 Annual Cancer Symposium, March 21–24, Orlando, Fla.
- SSO Fellows Institute, August 16-18, 2011, Cincinnati, Ohio.
- “Best of SSO,” September 1–3, in Cancun, Mexico.
- Supporting Organization: 2012 Breast Cancer Symposium, Sep 20–22, San Francisco, Calif.
- Supporting Organization: 2012 Gastrointestinal Cancers Symposium, Jan 19–21, San Francisco, Calif.

***Please briefly describe your legislative/advocacy agenda:***

- Active Member of the ACS Surgical Society Coalition.
- Member: ASCO Cancer Quality Alliance.
- Supporter of the American College of Surgeons’ Ambulatory Quality Alliance (AQA) and Surgical Quality Alliance (SQA).

***Please list emerging issues within your organization that the CoC should become engaged/involved in:***

- The SSO welcomes opportunities to work with the CoC membership and to recruit new CoC members to the SSO. The CoC membership clearly represents a strong body of surgeons who are committed to the goals and mission of the SSO as an academic professional Society.
- The SSO welcomes opportunities to partner with the CoC in support of its new strategic plan to address disparities in surgical care of cancer patients.
- SSO is an active supporter of the National Accreditation Program for Breast Centers (NAPBC) and is represented on the NAPBC Board of Directors by Drs. Scott Kurtzman and Suzanne Klimberg.

***Submitted by:*** Rache M. Simmons, MD

***Date:*** April 20, 2011

**Organization Name:** The Society of Thoracic Surgeons

**Year Joined the CoC:** 1995

**Mission Statement:** The mission of the Society is to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy.

**Purpose:** The Society of Thoracic Surgeons (STS) is a not-for-profit organization representing more than 6100 surgeons, researchers, and allied healthcare professionals worldwide who are dedicated to ensuring the best possible heart, lung, esophageal, and other surgical procedures for the chest. Founded in 1964, the mission of STS is to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy.

**Website:** [www.sts.org](http://www.sts.org)

#### Major Projects/Key Initiatives Underway

- **General Thoracic Surgery Database:**  
The General Thoracic Surgery Database (GTSD) specifications are being reviewed and revised. The upgraded version will be available 1/1/2012. The GTSD has 193 participants and contains more than 213,000 records since its inception in 2002.
- **Patient Safety:**  
The STS Workforce on Patient Safety has created a valuable on-line educational program to keep members and patients up to date on this important topic. The Workforce recently developed and posted on its website a surgical checklist for each of the subspecialties of adult cardiac, general thoracic, and congenital heart surgery. <http://www.sts.org/quality-research-patient-safety/patient-safety/patient-safety-checklists>
- **STS Joins in Response on Regulating Resident Work Hours:**  
With the American College of Surgeons and other surgical societies, STS recently signed on to a letter opposing Public Citizen's proposal for the Occupational Safety and Health Administration to regulate resident work hours and supporting the Accreditation Council for Graduate Medical Education as the appropriate body for oversight and enforcement of resident duty hours. Public Citizen and a host of organizations, including the American Medical Student Association, filed the petition on Sept. 2, 2010.

#### Recently Released Publications and/or Products:

- Benjamin D. Kozower, Shubin Sheng, Sean M. O'Brien, Michael J. Liptay, Christine L. Lau, David R. Jones, David M. Shahian, and Cameron D. Wright

STS Database Risk Models: Predictors of Mortality and Major Morbidity for Lung Cancer Resection. *Ann. Thorac. Surg.*, September 2010; 90: 875 - 883.

**Scheduled Conferences/Meetings/Educational Programs:**

- STS 48<sup>th</sup> Annual Meeting January 30-February 1, 2012 Fort Lauderdale, Florida
- STS 47<sup>th</sup> Annual meeting available online for CME

**Please briefly describe your legislative/advocacy agenda:**

- STS Washington Office: The STS maintains a Washington, D.C. office whose staff advocates for members on legislation regarding quality improvement, reimbursement issues, pay-for-performance and more. More recently, the STS joined efforts with the Lung Cancer Alliance (a lung cancer patient advocacy group) in support of the Lung Cancer Mortality Reduction Act of 2009. The legislation was introduced in the 111<sup>th</sup> Congress but did not pass. The bill amends the Public Health Service Act to require the Secretary of Health and Human Services to implement the Lung Cancer Mortality Reduction Program to achieve a reduction of at least 25% in the mortality rate of lung cancer by 2015. It will be reintroduced in the 112<sup>th</sup> Congress.
- STS supported a CMS National Coverage Determination to expand Medicare coverage of evidence-based tobacco cessation counseling. Effective Jan. 1, 2011, any smoker covered by Medicare can now receive tobacco cessation counseling from a qualified physician or other Medicare-recognized practitioner. Current Medicare policy covers tobacco counseling only for individuals diagnosed with a recognized tobacco-related disease or for those who show signs or symptoms of such a disease. Under the revised policy, Medicare will cover tobacco cessation counseling for outpatient and hospitalized beneficiaries.
- The STS approved the STS Declaration on Tobacco Control in 2009 that set forth a number of tobacco-control and prevention policy efforts.
- The 2011 STS Health Policy Forum, held during the Society's 47th Annual Meeting recently in San Diego, featured presentations on key provisions of the Patient Protection and Affordable Care Act (ACA). There was discussion focusing on payment and delivery reforms in the law and their potential impact on practicing cardiothoracic surgeons.

**Please list emerging issues within your organization that the CoC should become engaged/involved in:**

- The STS National Database, with its 3 million patient records, has long used risk adjustment to provide more accurate patient outcomes. Comparing unadjusted event rates for different hospitals would unfairly penalize those performing operations on higher risk patients. Risk adjustment should be applied to cancer care.

*Submitted by:* Michael Lanuti, MD

*Date:* April 6, 2011



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