



DATE: August 1, 2008

TO: Cancer Committee Chair
Cancer Liaison Physician
Cancer Program Administrator
Cancer Registrar

SUBJECT: Changes to the staging requirements in CoC-approved programs

Through the Staging Workgroup, established in 2006, the Committee on Approvals has been working to make changes to improve the staging requirements. At the May 16, 2008 meeting of the Committee on Approvals, a unanimous vote resulted in the approval of the recommended changes put forth by the workgroup which are to be implemented for cancer program activity and cases diagnosed on or after 1/1/2009.

The changes are outlined in this communication. Additional resources to support these changes include, a special edition of the CoC Flash electronic newsletter which was distributed by email on August 1, 2008, replacement pages for *Cancer Program Standards 2004, Revised Edition* available at <http://www.facs.org/cancer/coc/publications.html>, and a one hour Webinar that discusses the changes is scheduled for Wednesday, September 3rd beginning at 10:00 am CDT. For information about the Webinar and to register your participation please access the Cancer Programs Web page at <http://www.facs.org/cancer/index.html>. From the menu select Education and then Educational Activities. This program will be recorded and an archived version will be made available on the Web. There is a \$35.00 fee to participate in the live Webinar or to view the archive.

All programs will need to download and review the replacement pages and are encouraged to participate in or view the archived version of the Webinar.

Changes to the Staging Requirements

The Committee on Approvals enacted, or confirmed, changes to 5 standards that affect the staging information recorded for patients that are diagnosed and/or treated in CoC-approved facilities. The changes to the standards appear in bold below.

Standard 2.8

The new standard reads: The cancer committee, or other appropriate leadership body, ensures that the required number of cases are discussed at the cancer conference on an annual basis, that at least 75% of the cases are presented and discussed prospectively and that **AJCC, or other appropriate stage of the cases is discussed and documented for the 5 major sites seen at the facility.**

- Either the clinical or working stage is to be documented for the prospective cases discussed at cancer conference.
- The working stage is defined as all staging information (clinical and pathologic) that is available at the time of discussion.
- The method to document the stage is determined by the cancer committee and may include recording the stage on the conference agenda.
- Facilities with multiple or site specific conferences document the stage for the five major sites seen at the facility.
- In addition, National Comprehensive Cancer Center Network (NCCN) treatment guidelines or other treatment guidelines developed by nationally recognized organizations, such as the American Society of Clinical Oncology (ASCO), should be considered when discussing treatment options.

Standard 2.10

The new standard reads: The cancer committee, or other appropriate leadership body, establishes and implements a plan to evaluate the quality of cancer registry data and activity on an annual basis. The plan includes procedures to monitor casefinding, accuracy of data collection (**especially the accuracy of Collaborative Stage**), abstracting timeliness, follow-up, and data reporting.

- The Committee on Approvals made this interim change in 2007 to be used with cancer program activity and cases beginning 1/1/2008. The Committee on Approvals confirmed this to be a permanent change.
- The cancer committee develops and implements a plan to evaluate the accuracy of the Collaborative Stage (CS) that is derived from the CS data elements recorded on the cancer registry abstract.
- The plan includes setting the CS accuracy rate, evaluation of CS derived stage as compared to extent of disease information recorded in the medical record, and, when necessary, correction of the CS data items to obtain the correct CS derived stage.
- A sample quality control policy to support this process is available on the CoC Best Practices Repository located on the CoC web pages (www.facs.org/cancer).

Standard 3.2

The standard reads: CoC data standard and coding instructions are used to describe all reportable cases. (No change was made to the language for this standard.)

- The Committee on Approval made an interim change to this standard in 2007 to be used with cases diagnosed on or after 1/1/2008. The Committee on Approvals confirmed this to be a permanent change.

- Data elements and codes set forth in the *Facility Oncology Registry Data Standards* manual direct the cancer registrars to record on the cancer registry abstract, either the physician-assigned clinical AJCC stage that appears in the medical record or, in the absence of physician-assigned stage, the clinical AJCC stage assigned by the registrar.
- The cancer registrar is to record the clinical stage using information available in the medical record. If appropriate information is not available, the field(s) can be left blank.
- This change does not affect compliance with the standard at the time of survey.

Standard 4.3

The new standard reads: **The cancer committee, or other appropriate leadership body, develops a process to monitor physician use of AJCC or other appropriate staging, site specific prognostic indicators, and evidence based national treatment guidelines in treatment planning for cancer patients. The findings of the monitoring are presented at least annually to the cancer committee, or other appropriate leadership body, and are documented in minutes.**

- Most of the changes to this standard were part of the interim changes introduced in 2007 to be used with cases and activity on or after 1/1/2008. The Committee on Approvals made additional changes that are applicable for cases and activity on or after 1/1/2009.
- The cancer committee should encourage physician recording of clinical or working stage in the medical record. The rate of compliance should be set by the cancer committee.
- The cancer committee is to develop a process to monitor and evaluate the physician use of stage in treatment planning. Recording the stage alone does not meet this requirement.
- The cancer committee should incorporate the use of site specific prognostic indicators and evidence based national treatment guidelines in the evaluation of treatment planning.
- The findings of this monitoring are presented to the committee at least annually.
- The Commission on Cancer has not prescribed a required method for either the monitoring or reporting activity.
- The Commission on Cancer will not require the use of either a paper or electronic staging form now or in the future.

Standard 7.1

The new standard reads: **Other than cancer conferences, the cancer committee, or other appropriate leadership body, offers 2 cancer-related educational activities each year to physicians, nurses, and other allied health professionals. One of these activities relates to the use of AJCC stage, or other appropriate staging, other site specific prognostic indicators and evidence based national treatment guidelines in planning treatment for cancer patients.**

- The educational program is expanded to 2 activities annually and focuses on education for physician, nurses, and other allied health professionals.
- The additional activity focuses on the use of staging in clinical practice and should also include the use of site specific prognostic factors, and evidence based national guidelines used in treatment planning.

The Committee on Approvals also made changes to two other standards.

Standard 3.7

The new standard reads: Annually, cases submitted to the National Cancer Data Base (NCDB) **that were diagnosed in 2003 or more recently** meet the established quality criteria and resubmission deadline specified in the annual Call for data.

- Beginning with cases diagnosed in 2002, programs were responsible for ensuring the data quality for cases submitted to the NCDB. Errors and rejected records were to be corrected and resubmitted by the established deadline.
- The change requires the program to ensure that the cases from more recent years remain free of errors when asked to submit follow up information.
- The annual Call for Data will specify the additional data that must meet the data quality standard.

Standard 4.6

The standard reads: The guidelines for patient management and treatment currently required by the CoC are followed. (No change was made to the language for this standard.)

- Programs will continue to include the scientifically validated data elements defined in the CAP protocols in the pathology reports generated by the facility.
- An additional component was added to this standard that requires the cancer committee, or other appropriate leadership body, to regularly review the quality of patient care using all of the CoC quality reporting tools appropriate to the patients that are treated by the facility. Currently, these quality reporting tools are the Cancer Program Practice Profile Reports (CP³R) and Electronic Quality Improvement Packets (eQuIP).
- The monitoring activity is reported to and discussed at each cancer committee meeting and includes a mechanism to address performance rates that fall below the established levels. Evidence of this monitoring activity will be documented in the minutes and reflect a report of the CoC quality reporting tools discussed, the actions taken, and follow-up, if relevant.
- A component of this activity has been added to the Commendation for this standard which expects the program to achieve a specified performance level for the measure selected to be evaluated by the CoC. This will include a chart review component at the time of survey. The details of the measure selected to be evaluated, the expected performance, and the charts to be reviewed will be provided to each program prior to survey.
- In addition, the Committee on Approvals added a CAP related component to the Commendation for this standard. To achieve Commendation for the use of the CAP protocols, the program must demonstrate the use of synoptic reporting of the scientifically validated data elements in the pathology reports.

- This new requirement to the Commendation for the CAP component will be phased-in during 2009 to allow programs adequate time to make appropriate changes to the format of the pathology reports. This portion of the Commendation will not be used for surveys performed in 2009.

The Committee on Approvals introduced these changes to the standards to reinforce the Commission on Cancer's focus on the quality of care that is provided to cancer patients who are diagnosed and treated in CoC-approved programs across the country.

For additional information on the changes to these standards and their implementation please contact M. Asa Carter, CTR, Manager, Approvals and Standards, by email at acarter@facs.org or by phone at 312 202 5180.