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Title: Clinical Cancer Conference Policy

Authored/Revised By: Cancer Care Committee Chair/Cancer Conference Coordinator/Cancer Program Coordinator

Policy Number: CP-1008

Endorsed by: Cancer Care Committee

Effective Date: 1/1/07

Future Review Date: 1/1/10

Date Revised: 1/1/09

Supersedes: all previous policies

Date Discontinued:

1. PURPOSE:

To establish a policy to provide routine multidisciplinary collaboration between clinicians for the purpose of providing comprehensive management for the oncology patient.

2. PHILOSOPHY:

The Cancer Care Committee endorses this policy to help ensure the highest possible quality clinical management for the cancer patient, as pertains to a multidisciplinary approach to the diagnosis and treatment of cancer. Cancer conferences are an essential forum to provide multidisciplinary consultative services for oncology patients, as well as to offer education to physicians and allied health professionals.

3. SCOPE:

Applies to interdisciplinary clinicians involved in the care and management of oncology patients.

4. DEFINITIONS:

- Multidisciplinary: includes major disciplines involved in the management of cancer; surgery, medical oncology, radiation oncology, diagnostic imaging, and pathology.
- Prospective case presentation: Prospective cases include, but are not limited to, the following:
 - Newly diagnosed and treatment not yet initiated
 - Newly diagnosed and treatment initiated, but discussion of additional treatment is needed
 - Previously diagnosed, initial treatment completed, but discussion of adjuvant treatment for recurrence or progression is needed
 - Previously diagnosed and discussion of supportive or palliative care is needed
- Analytic case: As defined in the Facility Oncology Registry Data Standards (FORDS), cases are classified as analytic as follows:
 - Class 0 – Diagnosis is made at the accessioning facility (CGSMC) and all of the first course of treatment was performed elsewhere, or the decision not to treat was made at another facility.
 - Class 1 – Diagnosis is made at the accessioning facility (CGSMC), and all or part of the first course of treatment was performed at the accessioning facility (CGSMC).
 - Class 2 – Diagnosis is made elsewhere, and all or part of the first course of treatment was performed at the accessioning facility (CGSMC).

5. STANDARDS:

Commission on Cancer, *Cancer Program Standards, 2004 Revised Edition* – Standards 2.6 - 2.8; Revisions to Standard 2.8 in effect as of January 1, 2009.

6. PROCEDURES:

- The managing physician selects cases based on clinical importance from cases currently being managed. Case presentations include patients recently seen in consultation as well as patients being actively managed as an inpatient or on an outpatient basis.
- The number of cases presented each year at cancer conferences represents at least 10% of the number of annual analytic cases accessioned into the cancer registry database for that year
- To provide a consultative service for patients and physicians, at least 75% of the cases presented must be discussed prospectively (address patient management issues)
- Cases selected for discussion include the five (5) major sites seen at CGSMC, as well as cases with unusual sites and/or histologies and management issues.
- The number of cases is monitored to ensure adequate time for thorough discussion.
- Discussion will include:
 - Review of clinical evaluation, i.e., diagnostic imaging studies and pathology
 - Appropriate case management based on clinical presentation and extent of patient's disease, performance status, and co-morbidity
 - Accurate AJCC stage (either clinical stage or working stage*), or other appropriate stage. *Working stage is defined by the CoC as all staging information (clinical and pathologic) that is available at the time of discussion.
 - 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 where appropriate.
 - Patient protocol eligibility
 - Referrals to appropriate discipline if indicated
- Attendance requirement: attendees include representation from surgery, medical oncology, radiation oncology, diagnostic imaging, pathology, and cancer registry
- A conference grid is maintained by the Cancer Registry to accurately monitor conference frequency (weekly), multidisciplinary attendance, total case presentation, and the rate of prospective case presentation.
- Conference grid includes documentation of the fact that AJCC (TNM) staging or other appropriate staging was discussed, where appropriate.
- Cancer conference activities are reported by the Cancer Conference Coordinator to the Cancer Care Committee at least quarterly.
- Cancer Care Committee reviews the annual attendance rate to ensure compliance with CoC standard.

7. REFERENCES:

Commission on Cancer, *Cancer Program Standards, 2004 Revised Edition*

8. ATTACHMENTS:

None

9. POLICY TRACKING RECORD

Initial effective date: 1/1/07

Reviewed by Cancer Care Committee 1/22/08; discussion of accurate AJCC staging was added. 10/08: CoC recommendation regarding discussion of treatment guidelines was incorporated into policy to reflect Standard 2.8 (revised for program activity and cases diagnosed on or after 1/1/09). Policy was reviewed by Chair; to be reviewed by Cancer Care Committee on 11/18/08.