

## What is the Pediatric Cancer Program Component Category?

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### Cancer Program Standards

- First standards published in 1930
- Primary focus in cancer clinics
- Broadened to include medical/surgical hospitals
- Applied equally to all facilities
- 1953 reportable list included pediatric histologies, e.g. Ewing's, Wilm's, neuroblastoma

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### Cancer Program Standards

- "Special" category established in 1974
- Applicable to pediatric programs, but no changes to standards
- Pediatric focus introduced in *Volume I: Cancer Program Standards*

But

- "Special" category designation deleted

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**Cancer Program Standards, 2004**

- Pediatric focus deleted in preference for a single approach to all programs

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**Cancer Program Standards 2004, Revised Edition**

- Rationale for change
  - Recognize that pediatric care is different from adult care
  - Allow for increased flexibility
    - Eliminates use of AJCC staging
    - Special designations for follow up
  - Acknowledge resources available at children's hospitals by establishing a category definition
  - Allow for additional participation through a new category for pediatric components

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**Pediatric Cancer Program (PCP)**

- New category designation for all children's hospitals
- Definition:
  - Provides care to children
  - Offers the full range of diagnostic and treatment services, on site or by referral
  - Medical staff are board certified in the major medical specialties associated with pediatrics, including oncology, where applicable
  - Clinical research is required
  - Training residents is optional
  - No minimum caseload

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### **Pediatric Cancer Program Component (PCPC)**

- New category designation applies to a pediatric program within a larger facility
- Definition:
  - Minimum 50 analytic pediatric cases annually
  - Offers the full range of diagnostic and treatment services, on site or by referral
  - Medical staff are board certified in the major medical specialties associated with pediatrics, including oncology, where applicable
  - Clinical research is required
  - Training residents is optional

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### **What Has Remained the Same**

- Within the manual
  - Introduction
  - Chapter Purpose
  - Standard
  - Definition and Requirements
  - Category Specifications
  - Documentation List
  - Rating

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### **What Has Remained the Same**

- Within the program
  - 36 standards cover full scope of cancer care
  - All standards required for approval
  - Numeric rating of compliance
    - 1+ Commendation
    - 1 Compliance
    - 5 Noncompliance
    - 8 Not Applicable

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### What is Different

- Web-based Survey Application Record (SAR) for PCP and PCPC
  - Reflects pediatric specialties and services
  - SAR Training Guide for pediatric programs
  - Primary tool for gathering Approved Program Information
  - Resource and service data shared with the American Cancer Society
  - Selected data updated annually

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### What is Different

- Pediatric Survey Process
  - Pediatric physician surveys both categories
  - PCPC evaluation coordinated with survey of adult facility
  - PCP process the same as other facilities
  - Post-survey process the same as other facilities

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### Standard 2.1 – Responsibility/Accountability

- Leadership ensures success
- Documented responsibility and accountability in facility-approved sources

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**How PCP and PCPC Programs Will Meet the Standard**

- PCP - No changes
  
- PCPC - Facility's cancer committee oversees pediatric component
- Or
- Pediatric subcommittee is established

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**Standard 2.2 – Multidisciplinary Leadership**

- The multidisciplinary committee represents the full scope of care
- Specific physician specialties required
- Specific nonphysician specialties required
- Additional members represent the scope of care at the facility

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**How PCP and PCPC Programs Will Meet the Standard**

- Specific members added to address the needs of children
  - Child Life Specialist
  - Data manager (COG or other)
- Also consider representative from the Late Effects or Long Term Follow up Clinic

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## Definitions

### ■ Child Life Specialist:

- A specially-trained professional (CCLS)
- Help children and their families understand and manage challenging life events and stressful healthcare experiences
- Skilled in developmental, educational, and therapeutic interventions for children and their families under stress
- Support growth and development while recognizing family strengths and individuality, and respecting different methods of coping

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## Definitions

### ■ Late Effects or Long-term Follow-up:

- Monitor for late effects sequelae after curative treatment
- COG established risk-based, exposure-related clinical practice guidelines for screening and management of late effects in survivors
- Increase quality of life and decrease complication related costs

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## Standard 2.3 – Coordinators

- Coordinators promote team involvement and help share responsibilities
- Appointed or reappointed annually
- Physicians and nonphysicians participate
- Contribute to goal setting and monitoring of programmatic activities

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**How PCP and PCPC Programs Will Meet the Standard**

■ PCP

- Coordinators in four areas required:
  - Cancer conference
  - Quality of cancer registry data
  - Quality improvement
  - Child Life or long-term follow-up

■ PCPC

- Facility coordinators responsible for identical areas
- Pediatric cancer conference
- Child Life or long-term follow-up

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**Standard 2.5 – Program Goals**

- Goals provide direction and a basis for evaluation
- Established by cancer committee or subcommittee
- Committee or subcommittee chair guides development and evaluation
- Documented in minutes or facility-approved sources

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**How PCP and PCPC Programs Will Meet the Standard**

- Establish goals in 4 areas annually
  - Clinical
  - Clinical research
  - Programmatic endeavors
  - Quality improvement
- Set, documented, and monitored by the pediatric cancer committee or pediatric cancer subcommittee, as appropriate to the program

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**Cancer Conference Program  
Standards 2.6, 2.7, 2.8, and 2.9**

- Set expectations annually
  - Frequency and format
  - Multidisciplinary attendance and attendance rate
  - Adequate prospective case discussions
- Evaluates conference program
- Documents evaluation

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**How PCP and PCPC Programs Will  
Meet the Standard**

- Histology-specific conferences may be included (e.g. Wilm's, neuroblastoma)
- Recommended frequency
  - PCPC: Monthly
  - PCP: Weekly
- Activities set, documented, and monitored by the pediatric cancer committee or pediatric cancer subcommittee, as appropriate to the program

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**Standard 2.10 – QC of Registry  
Data**

- Monitoring ensures high quality data
- Covers registry operations and clinical activity
  - Casefinding, abstracting, follow up
  - Completion of AJCC staging in medical record
  - Recording the CAP scientifically validated data items in pathology reports
- 10% of caseload or a maximum of 300 cases
- Activity documented in committee minutes or other facility-approved sources

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**How PCP and PCPC Programs Will Meet the Standard**

- Separate plan established and implemented in PCPC
- Activities set, documented, and monitored by the pediatric cancer committee or pediatric cancer subcommittee, as appropriate to the program
- No modifications for PCP

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**Standard 3.2 – Coding Standards**

- Standards ensure consistent data for analysis
- Facility Oncology Registry Data Standards (FORDS)

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**How PCP and PCPC Programs Will Meet the Standard**

- AJCC elements (T, N, M) and stage group excluded
- Collaborative Stage included
- Staging developed for pediatric protocols recorded in text or user defined field

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### **Standard 3.4 and 3.5 – Follow up**

- Long term follow up essential to evaluating outcomes
- Analytic patients followed
- Some exceptions apply to all programs
  - Foreign residents
  - Patients over 100 years of age
  - Class of Case 0 diagnosed on or after 1/1/2006

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### **How PCP and PCPC Programs Will Meet the Standard**

- Lifetime follow-up required through age 26
- Follow-up attempts continue after age 27 but
- Patients 27 years old and older who are lost are excluded from follow-up calculations

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### **Standard 4.1 – Radiation Oncology**

- Primary component of multimodality treatment
- The full scope of treatment services are available
- Information about referral services and locations are provided to patients

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**How PCP and PCPC Programs Will Meet the Standard**

- COG members comply with requirements
  - Access to radiation therapy equipment designed for state-of-the-art treatment of children and adolescents including rotational linear accelerator
  - Radiation oncologists with special expertise
- Non COG members meet the standard as written
- Services recorded in SAR shared with American Cancer Society

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**Standard 4.3 – Staging**

- Staging guides treatment decisions and evaluation of treatment results and outcomes
- Class of Case 1 and 2
- T, N, M, and Stage Group completed (Adult programs)
- Assigned or supervised by managing physician or other approved medical professional
- Recorded in a standardized location
- Committee develops policy and procedure for full scope of staging activity

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**How PCP and PCPC Programs Will Meet the Standard**

- Staging from the applicable pediatric protocols recorded in the medical record
- AJCC staging used if pediatric staging not applicable
- Cancer committee/pediatric subcommittee sets staging policy including systems or criteria
- Pediatric staging form preferred location for staging

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**Standard 4.4 and 4.5 – Nursing Care**

- Care of cancer patients requires specialized knowledge and skills
- The oncology nurse is an integral member of the multidisciplinary team

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**How PCP and PCPC Programs Will Meet the Standard**

- Certified Pediatric Oncology Nurse (CPON) is preferred credential
- Depending on the services, either a nurse manager or registered nurse (CPON) provides direction to the inpatient oncology unit or functional equivalent

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**Standard 4.7 – Rehab Services**

- Rehabilitation services are provided on site or by referral
- Services are evaluated on an annual basis

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**How PCP and PCPC Programs Will Meet the Standard**

- Rehab services focus on the needs of children
- Examples include, but are not limited to
  - Physical therapy
  - Speech therapy
  - Child life programs
  - School re-entry or social reintegration programs

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**Standard 5.2 – Clinical Research**

- Opportunity to advance evidence-based medicine
- Clinical trial information provided through facility-appropriate mechanisms
- Category specific accrual rates established

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**How PCP and PCPC Programs Will Meet the Standard**

- Guided by COG accrual requirements
- PCP – 4% of the number of annual analytic accessions
- PCPC – 2% of the number of annual analytic accessions
- Commendation level defined

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**Standard 6.1 – Supportive Services**

- Supportive services help patients to cope with day-to-day activities
- Services are specific to the needs of the patients

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**How PCP and PCPC Programs Will Meet the Standard**

- Services focus on pediatric patients and families
  - Parent and sibling support groups
  - Candlelighters
  - School reentry programs
  - Starbright World
  - Make-A-Wish
  - Caps for Kids

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**Standard 6.2 – Prevention Programs**

- Prevention and early detection activities increase probability of survival and decreased morbidity
- Activities focus on patient needs

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**How PCP and PCPC Programs Will Meet the Standard**

- General early detection and screening programs included
- Focus on pediatric activities
  - Cancer free kids
  - Hereditary cancer program
  - Testicular self exam and screening
  - Screening for second malignancies

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**Standard 8.1 – Studies of Quality**

- Provides a baseline to measure quality
- Allows for correction or enhancement of patient outcomes

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**Standard 8.1 – Studies of Quality**

- Study topics:
  - Structure
    - Tangible elements affecting the delivery of treatment
  - Process
    - Appropriate care decisions
  - Outcomes
    - Treatment success or failure

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**How PCP and PCPC Programs Will Meet the Standard**

- PCP – 2 completed studies
  - Registry data or COG protocol data
  - Any other topic or source
- PCPC – 1 completed study focusing on pediatric program in addition to required studies for the adult program

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**Standard 8.2 – Improvements**

- What is an improvement?
  - Actions taken
  - Processes implemented
  - Services created
- Sources for improvements include
  - Findings from a study
    - Addressing undesirable performance
    - Improving acceptable performance
  - Patient satisfaction survey
  - Staff identified concerns

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**How PCP and PCPC Programs Will Meet the Standard**

- PCP – 2 improvement
- PCPC – 1 improvement focusing on pediatric program in addition to required improvements for the adult program

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## Questions?

Questions regarding the CoC standards for Pediatric and Pediatric Cancer Program Component Programs should be submitted to the Inquiry & Response (I&R) System at

<http://web.facs.org/coc/default.htm>



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