Purpose: To ensure compliance with the American College of Surgeons' (ACoS) Commission on Cancer standard 4.3.

Standard 4.3

- **The cancer committee, or other appropriate leadership body, develops a process to monitor physician(s) use of clinical and / or working AJCC or other appropriate staging information in treatment planning of all analytical cases (class 1&2).**
- **Documentation of site specific prognostic indicator(s).**
- **Documentation of evidence based on national treatment guidelines.**
- **Review of complete physician stage recommended but not required.**

The findings of the monitoring are presented at least annually to cancer committee, or other appropriate leadership body, and are documented in the minutes.

Policy: This policy addresses the Std 4.3 first indicator.

The Health Information Record for In-patient, Same Day Surgery and Radiation Oncology patients with newly diagnosed malignant cancer requires having documentation of clinical or working AJCC TNM information by the managing physician.

Staging should be done on the staging form. The medical record will be considered incomplete until the AJCC staging form has been documented and signed by the managing physician. In the absence of staging form at the time of chart completion physician can document TNM and staging group in his /her consulting note

Accuracy Rate: Physician staging must be present in at least 90% eligible cases. The cancer committees goal is to achieve 95% compliance. Presence of staging information is encouraged but not required in the cases where patients have been diagnosed at CSMC and gone to other facility for treatment.

Definition of clinical staging:

Clinical classification is based on evidence acquired before primary treatment. Clinical assessment uses information available prior to first treatment, including but not limited to physical examination, imaging, endoscopy, biopsy, and surgical exploration. Clinical Stage is assigned prior to any cancer-directed treatment and is not changed on the basis of subsequent information. Clinical stage ends if a decision is made not to treat the patient. The clinical stage is essential to selecting and evaluating primary therapy.

Definition of working stage:

Defined as all staging information (clinical and pathological) that is available at the time of treatment discussion.

Definition of Managing Physician:

Managing Physician could be an Oncologist (medical / radiation) if he / she is involved in the care of the patient. In the absence of an oncologist, a physician who has performed cancer directed procedures. In the absence of these two specialties the attending physician will be the managing physician.

Procedure for Assigning the AJCC Staging Form:

In-Patient Discharge:

1. The form initially will be assigned to an Oncologist (either medical or radiation) if he / she is involved in the care of the patient. In the cases of head and neck cancer if both the medical and radiation oncologists were involved, staging assignment will be the responsibility of radiation oncologist.
2. In the absence of an oncologist, the form will be assigned to the physician who performes cancer related procedures.
3. In case of non availability of the above two, the completion of AJCC staging form would be the responsibility of the attending physician.

Same Day Surgery/ Procedure:

The attending physician will record the AJCC TNM information. If the physician is unable to complete the TNM staging form, he/she may request that an oncologist or other treating physician completes the staging form.

Women Health Center Records:

At the time of abstracting the case, the cancer registry will send a staging form along with a treatment letter to the attending/managing physician requesting staging and treatment information.

Staging Form Placement Procedure / Responsibility:

1. Upon patient discharge, the health information management (HIM) coder creates the appropriate staging form for that encounter (visit) and assigns it to the managing physician. The form then goes to physicians queue for completion. All forms are now completed electronically. All eligible physicians have also received the training to complete the form. Once the form is completed by physician it will be available in the electronic medical record for that particular encounter in an alphabetical sequence. In addition to that the form is also available for cancer registrar to review the compliance with Std 4.3.

2. In radiation oncology department staging information is available in the form, in consultation notes and in the electronic record.

Resolution of Staging Discrepancy:

1. At the time of abstracting, for those records where AJCC TNM staging information is missing,(in either AJCC staging form or in the Physicians notes) the cancer registrar will e-mail the encounter no: to the HIM personnel letting them know what AJCC staging form to put in and whom to assign. The HIM coder will provide the supporting information to the managing physician.

2. If a discrepancy is found in the recorded stage for a given patient, the cancer registrar will set aside this record for Quality Assurance by QA physicians OR will send it back with the discrepancy form to the HIM department for the managing physician's review for clarification and/or correction. Registry will provide the supporting information to the managing physician.

Quality Assurance:

The cancer committee member(s) retrospectively review minimum of 10% of analytical cases for the top five cancer sites to ensure the Standard 4.3 staging compliance. The AJCC staging QI form was modified to incorporate the new changes (attached revised QI form).

AJCC staging or other appropriate staging discussed at the time of Tumor Board will also be counted against 10% Std compliance. Information is documented either in the case agenda or the Tumor Board case synopsis.

Before releasing the FIPS data at least 10% of unknown TNM staging done by the managing physicians will be reviewed by one of the physician members of the cancer committee. Findings and suggestions for improvement should be presented at the cancer committee

Reporting: The cancer registrar along with the QI Physician reports at least annually to the cancer committee regarding Std 4.3 staging compliance.

Supporting Tool:

Refer to revised 2004 CoC revised manual for detail, regarding Std 4.3.
Guidelines prepared by cancer registry for physicians in reference to frequently asked question regarding TNM staging. An in house presentation will also be given to all eligible physicians (compliance Std 7.1).

Revised: 1999, 2000, 2001
Revised: November 2003, January 2004, March 2005, December 2005, Revised 2007, Revised 2008
Reference: American College of Surgeons, Commission on Cancer Standards

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Medical Director

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Chairman Cancer Committee

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Patient Services