

Lourdes Medical Center of Burlington County

Cancer Program

POLICY NUMBER: 400

TITLE: Physician AJCC Staging

POLICY:

To meet the compliance of the revised CoC Standard 4.3 that states:

The Cancer Committee develops a process to monitor physician use of AJCC staging, site specific prognostic indicators and evidence based national guidelines in the treatment planning for cancer patients. The findings of the monitoring are present at least annually to the cancer committee and are documented in the minutes.

- The Cancer Committee has agreed that the American Joint Committee on Cancer's (AJCC) TNM Staging will be completed by physicians for all patients with a diagnosis of cancer and used in the treatment planning of oncology patients.
- The Cancer Committee has agreed that the NCCN guidelines will be used in the treatment planning of all oncology patients.

Staging Process:

- The Pathology Department attaches a purple staging form to the Pathology Report for all cancer-related diagnoses and forwards to Medical Records.
- The Medical Record Department insures that each chart with a new diagnosis of cancer has a TNM staging form in the medical record. The chart is then placed on the Managing physician's shelf for staging to be completed.
- Managing physician is defined in the following order as:
 - Primary Surgeon(surgeon who performs the most definitive cancer directed surgery),
 - Medical oncologist,
 - Radiation Oncologist
 - Primary Care Physicians
- A completed staging form is necessary to complete the requirements for a completed chart. Refer to Medical Records policy and procedures.
- Pre operative Clinical Staging will be completed on the AJCC staging form as well as the pathological stage. Working stage is defined as all the staging information (clinical and pathologic) that is available.

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- The Cancer Registrar will review the charts for abstracting.
 - TNM staging is recorded into the Cancer Registry database.
- The Cancer Registrar stages the case independently.
- If the physician staging is incorrect, a letter from the registry will be placed in the chart and forwarded back to the managing physician via Medical Records. A note will be made in the database. (See attached–attachment A). If the staging cannot be resolved, it will be forwarded to the Cancer Committee Chair for resolution.
- A log will be kept regarding those charts that require restaging. (See attached label: Staging Discrepancies. This log will include the name of the managing physician, the medical record number and stage that the physician listed and the stage identified by the registrar. Along with the date that it was sent back to medical records for the managing physicians review. This log will be reviewed at each cancer committee meeting and Medical Center PI meeting. It will be used to identify opportunities for improvement and education.
- If staging is not present in the medical record, the Cancer Registrar returns the chart to Medical Records as incomplete and requests that it be returned to the managing physician or surgeon for staging. Once completed, it will then be returned to the Cancer Registry for documentation within the database (see attached–attachment B)
- Clinical or Working Stage is assigned to each case designated Class of Case 1 and 2 using the criteria in the current edition of the AJCC Cancer Staging Manual
 - Class of Case 1- Diagnosis at the reporting facility. And all or part of the first course of treatment was performed at the reporting facility.
 - Class of Case 2- Diagnosis elsewhere, and all or part of the first course of treatment was performed at the reporting facility
- Clinical or working stage is not required on or after Jan 1, 2006 and designated as a Class of Case 0.
 - Class of Case 0 - Diagnosis at the reporting facility and the entire first course of treatment was performed elsewhere or a decision not to treat was made at another facility.

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Monitoring and Compliance Rate of Staging:

- The number of charts reviewed yearly for quality will be based on the previous year's analytic data. 10% of the top five sites will be reviewed. A 90% compliance rate is the target for all indicators in the tool.
- The QI tool "*Quality Control of AJCC Staging in the Medical Record- Standard 4.3*" (see attached D) will be used to monitor compliance.
- Physician Members of the Cancer Committee will participate in the monitoring with the registry data coordinator.
- Monitoring will occur monthly and be reported at each subsequent Cancer Committee meeting and Medical Center Performance Improvement Meeting. Recommendations will be made based on the findings.

Monitoring of NCCN guidelines and prognostic indicators :

- The cancer registry will participate in the CP3RV2 studies for 2009. This will suffice in monitoring for the CoC standard. The managing physicians will participate in providing information related to the plan of care since the documentation exists in the patients office chart.
- The established NCDB QI tools will be used.
- Studies will be report at the subsequent cancer committee meeting and medical center Performance Improvement meetings.
- The AJCC staging and NCCN guidelines will be reviewed for every case presented at Case Conference and the results will be recorded and forward to the Regsity entry into the database. (See attachment labeled Case Conference Staging and NCCN Guidelines). Additionally the stage of disease will be provided by the presenter when scheduling the presentation. The stage will be placed on the agenda along with the site.

RESOURCES:

AJCC Cancer Staging Manual 6th Edition
CoC Revised Standard 4.3, revised July 2008
Effective January 1, 2009.

APPROVED BY: _____
James C. Wallace, Senior Vice President, Advocacy and Institutional Advancement

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APPROVED BY: _____

Denise Cortland, Administrator of the Cancer Program

ORIGINAL & REVISION DATE(s): _____

NEW EFFECTIVE DATE _____

REQUIRES REAUTHORIZATION IN: _____

Attachment A

Dear Dr. _____

The Cancer Registry Department reviews all patient charts related to cancer diagnosis and enters the data in our database, which we then report to the State of NJ along with the American College of Surgeons Commission on Cancer.

In some instances, discrepancies are noted between the AJCC staging by physicians in the patient record and the collaborative stage derived by the cancer registrars during abstracting.

The purpose of this letter is to notify you of the discrepancy between your staging and our staging. Please review the differences and, if in agreement, please initial and date the form.

Please contact the Data Coordinator for the Cancer Registry at 609-835-5420 if there are any questions or comments. We thank you for your continued support of our Cancer Program and our Cancer Registry.

Sincerely,

Cancer Registry Data Coordinator

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Attachment C

Dear Dr. ,

Please complete staging form in the chart so that final abstracting by the Cancer Registry staff can be completed.

If you need additional charts, please place a note on the chart and someone from medical records will pull the charts and place them back on your shelf for you.

**Medical Records,
Please forward chart back to Cancer Registry when
physician staging is complete.**

**Thank-You
Cancer Registry Department**

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Results of AJCC Review:

- Percentage of cases with complete AJCC Staging (Note: Must be at least 90 percent.)
- Percentage of cases with accurate AJCC Staging

Identify errors and proposed resolution:

Date presented to Cancer Committee: _____

Cancer Committee recommendation:
