

2012 SAR TIPS

Survey SAR (Survey Application Record): Complete the fields for the last **three complete years** of survey cycle. There will NOT be fields for 2012 activity.

A maximum 500 characters is allowed in each “Comments Box” located at the bottom of each screen (for survey SARs only).

HIPAA and Protected Health Information:

In concordance with the HIPAA guidelines, the Commission on Cancer cannot accept documentation that includes patient identifying information (protected health information [PHI]). Receipt of PHI violates the Business Associate Agreement between the American College of Surgeons and the CoC-accredited cancer program.

This applies to documentation submitted for survey, appeals, and/or deficiency resolutions. Documents include, but are not limited to: accession lists, suspense reports, pathology reports, collected data for studies.

In compliance with the American College of Surgeons HIPAA Privacy and Security Policy, appropriate supervisory and managerial staff of the American College of Surgeons will be notified when documentation that includes PHI has been received. The American College of Surgeons Privacy Official will make a determination about a notification to the CoC-accredited cancer program and disposition of the documentation that includes PHI.

Programs will be required to remove or block the patient information and resubmit the documentation as soon as possible after receiving notification from the American College of Surgeons Privacy Official.

Minutes: The last three complete years of cancer committee minutes are to be uploaded to the Survey Documentation page. (2009, 2010 and 2011)

Facility Staff and Contact Information

Primary Contact Person (new table):

The person listed in this table should be the person that the surveyor and/or CoC staff contact for survey or informational purposes. If the name also appears in another role on this screen, please do NOT delete their name in the other role, you will need to list the person and their contact information twice.

General Information

Facility Type and Ownership Fields:

- If the “Facility Type” and “Ownership” fields are incorrect or blank, contact the Commission on Cancer (CoC) at SAR@facs.org to complete or correct them. These fields are in “read-only” format for cancer programs.
- Number of acute (med/surg.) beds includes licensed beds for adult (med/surg.), neonatal ICU, and general pediatric beds. It excludes rehab, nursery, and psych beds.

Cancer-Related Specialists:

- Physician specialists table has been revised to list physicians by specialty and now includes Allied Health Professionals.
- Number of Board Certified physician specialists is an optional field.
- ‘Active’ physicians are physicians who are actively treating patients and have admitting privileges. ‘Courtesy’ level physicians who do not have admitting privileges are not included.

Category:

There will be two fields with category information (this also appears in screens for Standards 2.2 and 5.2):

1. 2012 Cancer Program Category – this is your category based on the criteria from 2012 standards.
2. 2011 Cancer Program Category – this is your current category, based on the criteria from 2009 standards.

Chapter 2

Standard 2.1: The organizational structure of the facility or medical staff give the cancer committee, or other appropriate leadership body, responsibility and accountability for the cancer program activities.

NCI-designated Comprehensive Cancer Center Programs only:

- Select the administrative body responsible for the cancer program for the **current** year. If “OTHER” is selected, provide a brief description. Maximum 200 characters.
- Describe the structure of the facility/cancer program organization. Maximum 500 characters.
- Identify where documentation of the leadership body resides. Maximum 300 characters.

Standard 2.2: The membership of the cancer committee, or other appropriate leadership body, is multidisciplinary, representing physicians from the diagnostic and treatment specialties and non-physicians from administrative and support services.

Text fields—maximum 60 characters

- The cancer program administrator is responsible for the cancer program (for example, budget planning and/or staff recruitment). This position can be filled by a physician or nonphysician however, they must be someone who is responsible for the cancer program (for example, budget planning and/or staff recruitment), and a member of the cancer committee.
- The pain control/palliative care physician or specialist (required for Network, NCI, Teaching Hospital, and Comprehensive accreditation categories). This position can be filled by an anesthesiologist, physician, or a nonphysician involved in the pain control/palliative care program at your facility or network. The CoC has no required credentials for this position.

Standard 2.3: Based on category requirements, one coordinator is designated for each of the specified areas of cancer program activity.

Text fields—maximum 60 characters

- Coordinator positions are to be appointed **each** year and documented in the cancer committee minutes.
- Each coordinator position is to be appointed to a **different** committee member (physician or non-physician). One person per coordinator position.

Pediatric: The child life specialist should be a professional who is certified through a program administered by the Child Life Council and is specially trained to help children and their families understand and manage challenging life events and stressful health care experiences. In addition, they must be skilled in providing developmental, educational, and therapeutic interventions for children and their families. Child Life Specialists are certified through a program administered by the Child Life Council (CLC).

NCI: Exempt

Standard 2.4: The meeting schedule and structure of the cancer committee, or other appropriate leadership body, fulfill the requirements for the category.

- A maximum of 12 cancer committee meetings can be added per year.

Subcommittees

- Text fields—maximum 60 characters
- A maximum of 10 subcommittees or workgroups can be added.

Note: Quarterly meetings are required: Jan-March, April-June, July-September, and October-December.

NCI: Describe the meeting frequency of the administrative body for the cancer program for the **current** year. Maximum 500 characters.

Standard 2.5: As required by the category, the cancer committee, or other appropriate leadership body, develop and evaluate the annual goals and objectives for the endeavors related to cancer care.

- Describe and list the dates for each goal cataloged in the SAR for each year as appropriate to the category. Maximum 500 characters
- Measure to achieve goal field—describe how it will be determined that the goal was met. Maximum 250 characters.

- Include the time frame for anticipated completion of the goal as set by the cancer committee. Maximum 150 characters.
- Goal setting should be considered as strategic planning for the cancer program, NOT a restatement of the standards.

Standard 2.6: The cancer committee, or other appropriate leadership body, establishes the cancer conference frequency and format on an annual basis.

- Select a response regarding the current policy for cancer conferences. (A policy is not required, but is recommended.)
- A maximum of 25 meetings can be listed per year.
- Departmental means the presentation of one site or histology to the medical staff within a defined department.
 - If “departmental” format is selected, then enter the specific departmental information in the “DEPARTMENTAL SPECIFY” box. Maximum 60 characters.
- Facility-wide means various sites are presented and attendance is open to all members of the medical staff.
- Grand rounds are in-house reviews of patients by attending physician and other allied health professionals involved in the patient’s care.
- Network-wide means cases presented represent all facilities within the network and attendance is open to all members of the medical staff throughout the network. May use tele- or videoconferencing capabilities.
- Site- or histology-focused means the conference is dedicated to a specific site or histology with multiple presentations.
 - If “site-focused” format is selected, then enter the specific site information in the “SITE-FOCUSED SPECIFY” box. Maximum 60 characters.
- Select responses regarding a breast program at your facility.

NCI: Only one table is required to be completed.

- Describe the cancer conference program. Maximum 500 characters.

OR

Select “Yes” or “No” to indicate whether a monthly or annual calendar of the cancer conference schedule will be provided to the surveyor.

Standard 2.7: The cancer committee, or other appropriate leadership body, establishes the multidisciplinary attendance requirements for cancer conferences on an annual basis.

Standard 2.7 is now located at the bottom of the Standard 2.6 screen. The ratings table for this standard is required to be completed.

****Standard 2.8: 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. Of these cases, 75 percent should be presented prospectively, and should address the American Joint Committee on Cancer (AJCC) or other appropriate stage of the cases documented for the five major sites seen at the facility.**

- Table 1 is to include all conference information for years leading up to the current date (2009-2011).
- Table 2 is to include conference information for 2009 - 2011.
- Programs accessioning 3,000 or more cases annually must present a minimum of 300 cases each year at cancer conferences. All other programs must present at least 10 percent of the annual analytic cases seen at the facility or network each year.
- In 2006, cases diagnosed on or after January 1, 2006, and classified as a Class of Case 0 are analytic cases and are included with determining the number of cases to be presented at conferences.
- Do **not** enter estimate caseload for incomplete years.
- Starting in 2009, enter the total cases presented at cancer conference where the eligible AJCC clinical stage and treatment guidelines were discussed. If none, enter zero.
- **Note:** Although no percent is stated, the standard implies that all prospective cases presented and discussed at cancer conference include AJCC stage, excluding cases where staging does not apply, (for example, leukemia).

Standard 2.9: The cancer committee, or other appropriate leadership body, monitors and evaluates the cancer conference frequency, multidisciplinary attendance, total case presentation, and prospective case presentation on an annual basis.

- Provide established cancer conference criteria for each year.
- Enter the top five sites from 2010 or 2011. This table will automatically copy over to Standards 3.3 and 4.6 as well. This information is to provide the surveyor and CoC staff with the top sites for abstract/pathology report review, to make sure top sites are presented at cancer conferences, etc.

Standard 2.10: 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.

- Describe the quality control (QC) plan and evaluation of accuracy for Collaborative Stage review. Maximum 750 characters.
- Enter the accuracy rate for Collaborative Stage as established by the cancer committee.
- Enter the name of the committee member appointed as the quality of cancer registry data coordinator for the **current** year. Maximum 60 characters.

NCI: Describe the registry QC activities for the **current** year. Maximum 500 characters.

Standard 2.11: Each year, the cancer committee, or other appropriate leadership body, analyzes patient outcomes and disseminates the results of the analysis.

- The CoC requires that the study analysis include the program's experience with:
 - Diagnostic evaluations which are various processes used to determine malignancy or how the cancer was diagnosed.
 - Treatment modalities which are treatments provided at your facility or network.

- Prognostic factors—examples include tumor size, tumor depth, histologic grade, and so on
- Survival statistics by AJCC Stage—compare with National Cancer Data Base (NCDB) Benchmarks (If comparison data is not available through the online benchmark reports, NCDB will accept special requests for comparison data.)
- Narrative analysis (text) to accompany graphs.
- Study should be on only **ONE** site (not top five).
- Outcomes analysis study that only reports survival data does not meet criteria.
- New programs preparing for initial approval with less than five years of data are not required to include survival statistics. Another outcome should be selected, such as quality of life.
- This is a commendation standard; submit either two completed outcomes analysis studies **or** an annual report that includes a completed outcomes analysis study is reviewed by the cancer committee and published by the end of each year.
 - **This commendation is eligible for the 2012 Outstanding Achievement Award (OAA).**

NCI: No SAR documentation required.

Chapter 3

Standard 3.1: Case abstracting performed or supervised by a certified tumor registrar (CTR).

Methods to meet this standard may include a facility-employed CTR, contracted data collection using a registry service agency or company, or an independent CTR contractor.

- New programs must meet the standard at *initial survey* either through a facility-based CTR or through abstracting or supervision by a CTR from another source.
- FTE means full-time equivalent. FTE would include full and part-time CTRs, contract staff, non-CTRs, and clerical staff. Excludes volunteer staff. The number of FTEs should represent the number budgeted for the registry and may be different than the number of people in the registry.

- The number of people in the registry should be reported in *whole numbers* only (this is different than FTEs). Includes CTRs, contract, non-CTRs, **AND** clerical staff.
- If using a CTR from the state registry, the QC review and educational component are in addition to other services the state registry provides. The number of cases reviewed should be based on the needs of the facility or network and experience of the staff.
- Include contract staff if they have worked three or more consecutive months in a calendar year.
- Staff or contract staff with no set hours and who work on an as-needed basis should not be included **and** are excluded from the educational requirement of Standard 7.2.

Standard 3.3: For each year between surveys, 90 percent of cases are abstracted within six months of the date of first contact.

- Date of first contact is the date a patient had contact with your facility for diagnosis and/or treatment of cancer. See definition in the current version of CoC data standards.
- Abstracting timeliness is to be maintained **throughout** the survey cycle.
- Abstracting timeliness is based on the month of diagnosis, **not** the day of the month.
- Abstracting status should be routinely reported (month and year) to the cancer committee to support compliance and commendation.
- Compliance with this standard is based on the surveyor review. Surveyor will select **30 cases to review from 2009 and 2011 (2nd, 3rd, and 4th quarters)** from the accession list you provide before survey.
- **Surveyor review of abstracts table:** The case lists received from the surveyor for the on-site abstract review, the “Year,” “Accession Number” and the “Date of First Contact” should be entered directly into the SAR table in Std 3.3. The surveyor will complete the remaining fields after the on-site review. The surveyor will not be able to enter the outcome of the review unless the cancer

program has entered the case list first. Maximum 40 rows can be added. (Do not enter entire accession list.)

- The 'Year' and 'Accession Number' entered in Standard 3.3 will automatically be copied over into the review table in Standard 4.6. NOTE: All cases will be the same for both Standard 3.3 and 4.6 reviews. Any revisions or deletions made to these two fields in Standard 3.3 will automatically make the same change to the matching entry in Standard 4.6. The 'Date of First Contact' field can only be revised in Standard 3.3. The entire entry can be deleted from either Standard 3.3 or 4.6, but the entry is automatically deleted from both standards.
- This is a commendation standard; more than 90 percent of cases are abstracted within six months of the date of first contact.
 - **This commendation is eligible for the 2012 OAA .**

Standard 3.4: An 80 percent follow-up rate is maintained for all eligible analytic patients from the cancer registry reference date.

Standard 3.5: A 90 percent follow-up rate is maintained for all eligible analytic patients diagnosed within the last five years or from the cancer registry reference date, whichever is shorter.

- Patients remain on this list until a current status is obtained or until the patient is known to be deceased.
- All reportable cases are followed except the following:
 - Residents of foreign countries; note that residents of the US Virgin Islands, Puerto Rico, and US territories are considered to be residents of the United States.
 - Cases that are reportable-by-agreement
 - Carcinoma in-situ cervix
 - Basal and squamous cell carcinoma of skin (except Stage Group III and IV prior to January 1, 2003)
 - Patients whose current age exceeds 100 years and who are without contact for more than 12 months

- Class of Case 0 patients diagnosed on or after January 1, 2006
- Suspense cases are not included in the follow-up calculations.
- Count patients, not cases for follow-up.
- If a patient has two primaries it is calculated as one for follow-up.
- **Calculation:** Patients lost to follow-up (line) divided by subtotal - analytic patients (line A) multiplied by 100. Subtract this total from 100 to arrive at the follow-up rate.
- **A list of follow-up** source tips is located on the Best Practices page of the Cancer Web site: <http://www.facs.org/cancer/coc/bestpractices.html>

Pediatric: Annual follow-up information should be obtained for eligible analytic patients until they reach the age of 26. Once patients reach the age of 27, follow-up attempts should continue, but these patients are excluded from the follow-up calculations.

Standard 3.6: Complete data for all analytic cases are submitted to the National Cancer Data Base (NCDB) in accordance with the annual Call for Data.

The CoC will automatically populate the data in the NCDB Submission History Detail table based on facility or network data submissions. This table is available in a “read only” format and represents data for Standards 3.6 **and** 3.7.

Standard 3.7: 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.

- This is a commendation standard; for every year between survey, the cases diagnosed in 2003 or more recently meet the quality criteria for the annual Call for Data on initial submission.
 - **This commendation is eligible for the 2012 OAA.**

STANDARDS 3.6 AND 3.7 CRITERIA FOR PROGRAMS SURVEYED DURING 2012

2012 surveys cover program activity in 2011, 2010 and 2009.

For Standards 3.6 and 3.7, the activities covered are those whose deadlines fell in those years (Std. 3.6 - deadline years 2009 and 2011) (Std 3.7 – deadline years 2009, 2010, and 2011).

Criteria for all three years must be met for the rating.

Standard (Rating)	Deadline Year	Criteria *
2012 Standard 5.5 (formerly 3.6) Compliance (1)	2011*	Newly abstracted and updated cases diagnosed between 1998 and 2009, inclusive, were received by the following dates or by a pre-approved extended deadline: Diagnosis years 2009, 1998 by January 31, 2011 Diagnosis years 2008, 2003 by March 31, 2011 Diagnosis years 2007, 2004 by May 31, 2011 Diagnosis years 2006, 2001 by July 31, 2011 Diagnosis years 2005, 2002 by September 30, 2011 Diagnosis years 2000, 1999 by November 30, 2011 AND
	2009	Diagnosis years 2008, 2003, 1998, 1993 and 1988 data were received by November 2, 2009
2012 Standard 5.6 (formerly 3.7) Compliance (1)	2011	Corrections for the following diagnosis years were received by the dates indicated (2011 submissions): Diagnosis years 2009, 2008, 2003 by May 31, 2011 Diagnosis years 2007, 2004 by July 31, 2011 Diagnosis year 2006 by September 30, 2011 Diagnosis year 2005 by November 30, 2011 AND
	2010	Corrections for diagnosis years 2003 and 2008 were received by June 1, 2010 (fall 2009 submissions) AND
	2009	Corrections for diagnosis year 2007 were received by June 1, 2009 (fall 2008 submissions)
2012 Standard 5.6 (formerly 3.7) Commendation (1+)	2011	Meet all 5.5 and 5.6 compliance requirements AND Diagnosis years 2003-2009 were error-free at initial submission (2011 submissions) AND
	2010	Diagnosis years 2003 and 2008 data were error-free at initial submission (fall 2009 submissions) AND
	2009	Diagnosis year 2007 data were error-free at initial submission (fall 2008 submissions)

Call for Data deadline extensions must be granted in advance of the deadline.

Extensions to the Standard 3.6 submission deadline will be given only in highly unusual situations, and no extensions will be given to programs that received extensions in either of the previous two years. No extensions for the Standard 3.7 data correction deadline will be granted.

Extensions to the data submission deadline to comply with Standard 3.6 will affect the program's rating on Standard 3.7. Initial submissions made after the 3.6 submission deadline will not be eligible for the 3.7 commendation rating even if the initial submission of the data was error free.

*** *Additional considerations for 2011 submissions only.* Extensions to the Standard 3.6**

deadlines must be requested in advance for each submission period for which the program needs an extension. The first such extension for Standard 3.6 will not affect Standard 3.7. If an extension is required for a second submission period during 2011, submissions made after the 3.6 submission deadline will not be eligible for the 3.7 commendation rating even if the initial submission of the data was error free. No more than two extensions will be given for Standard 3.6 during the 2011 submission periods.

Standard 3.8: The facility participates in special studies as requested by the CoC.

- Participation in CoC Special Studies is required upon request.
- The CoC will automatically populate the data in the Special Studies Tracking Sheet Summary table in the SAR.
- If your facility or network was not selected to participate in any CoC Special Studies, the table will remain blank.
- There were no Special Studies for 2009 or 2010.
- Enter a rating of ‘8’ if not applicable.

Chapter 4

Standard 4.1: Radiation treatment services are available on site or by referral.

- If the facility providing care is not owned by your hospital or network, it is considered “referred,” even if the location of the facility is on your hospital’s property.

Pediatrics: A Pediatric Cancer Program (PCP) or Pediatric Cancer Program Component (PCPC) facility that is a Children’s Oncology Group (COG) member complies with the COG requirements for the accessibility of pediatric radiation oncology services and physicians who are familiar with pediatric radiation oncology.

A PCP or PCPC facility that is **not** a COG member will fulfill the standard as written.

Standard 4.2: Based on the category, a designated inpatient medical oncology unit or a functional equivalent is available on site or by referral to provide specialized care to patients.

- The inpatient medical oncology unit is based on beds dedicated to the inpatient oncology patient.

- Functional equivalent is when facilities set aside certain beds or areas of an inpatient unit where specialized care is provided to the cancer patient by staff who are specially trained to care for cancer patients.
- Infusion center is a special area within the medical oncology department for administering intravenous chemotherapy to patients who are not admitted for an overnight stay in the hospital.
- Facilities that accession fewer than 175 cases annually in most categories (excluding NCI and networks) may choose to refer patients needing inpatient medical oncology services to a facility with a designated inpatient medical oncology unit.
- Infusion Center is a special area within the facility for administering intravenous chemotherapy to patients who are not admitted for an overnight stay in the hospital.
- Network cancer programs: Responses are to represent what the overall network cancer program (combination of all facilities) is able to offer.

Standard 4.3: 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 a minimum, annually to the cancer committee, or other appropriate leadership body, and are documented in minutes.

- 2007 cases and earlier: Staging is required for cases designated Class of Case 1 and 2. Staging is not required for cases diagnosed on or after January 1, 2006, and designated as Class of Case 0.
- Describe the PLAN developed by the cancer committee to document physicians' use of AJCC staging in treatment planning. Maximum 750 characters.
- Cancer programs are to provide the accuracy rate of AJCC clinical stage from the monitoring process that was implemented in 2009 and forward.
- Cancer committee is also required to monitor site-specific prognostic indicators and evidence-based national treatment guidelines each year. (2009 and forward)

Note: AJCC staging 7th edition is to be used with cases diagnosed in 2010 and forward.

NCI: Also, describe the staging process for the **current** year. Maximum 500 characters.

Standard 4.4: Nursing care is provided by nurses with specialized knowledge and skills in oncology. Competency is evaluated annually.

- Enter the total number of oncology-trained nurses and oncology-certified nurses on staff at the facility or network. This number includes both inpatient and outpatient services.
- Describe the procedure followed for the **annual** competency evaluation used to evaluate **oncology skills**. Maximum 500 characters.

Standard 4.5: An Oncology Nurse Manager or a Registered Nurse (RN) provides direction to the inpatient medical oncology unit or the functional equivalent as appropriate to the category.

- If you are unable to enter a nurse manager's name in the table, return to Standard 4.2. If you selected 'referred' to another facility in Std. 4.2, it locks entry into Std. 4.5.
 - You will need to remove your selection for 'referred' in Std 4.2.
 - Go back to Std 4.5 and enter the nurse manager names for each year and save.
 - Return to Std. 4.2 and select 'referred' again and click on 'save'.

Standard 4.6: The guidelines for patient management and treatment currently required by the CoC are followed.

Beginning on January 1, 2004, all CoC-accredited programs are to record the data elements outlined on the surgical case summary checklist of the College of American Pathologists (CAP) publication, *Reporting on Cancer Specimens*.

Cancer-Related Pathology Reports Review table: The second column now asks for the 'total number of CAP eligible surgical cases' instead of the 'total number of analytic annual caseload' because the number of surgical cases is a more realistic number than the caseload and the percentage may be skewed.

- You should run a report from your software with all the surgical cases for the year (look for the appropriate Class of Case and the FORDS surgical code – you may need to work with your vendor to create a customized report). This will be the number that you review 10% from and meet 90% compliance in regards to CAP protocols.
 - Another suggestion is to have the Pathology Department run a list with surgical oncology resection cases and compare them to your software list and identify the analytic cases.

All **non-asterisked** items are required.

- This instruction applies to pathology reports of cancer-directed surgical specimens except for cytologic specimens, diagnostic biopsies, and special studies. If residual tumor is not present in the specimen being examined, recording the data items as defined by CAP is **not** required.
- Excisional biopsies are to include the data elements.
- Your facility or network is not responsible for making sure that another facility providing the pathology report includes these items.
- TNM (tumor, lymph nodes, and metastasis) elements are required data items. Using only narrative to describe the spread of disease is not acceptable.
- If a pathology report is corrected with an addendum, the report would meet the requirements for Standard 4.6.
- *Required as of 2009:* Enter information regarding the cancer committee’s discussions of the quality of patient care using the **CoC quality reporting tools (CP³R)**.
- **Surveyor Pathology Report Review:** On the case list received from the surveyor for the on-site pathology report review (these are the same cases used for Std 3.3 abstract review), enter only the “Cancer Site.” The surveyor will complete the remaining fields after the on-site review. The surveyor will not be able to enter the review information unless the cancer program has entered the list first in Standard 3.3. Maximum 40 rows can be added. (Do not enter entire accession list.)

- The 'Year' and 'Accession Number' data entered in Standard 3.3 will automatically be copied over into the review table in Standard 4.6.

NOTE: All cases will be the same for both Standard 3.3 and 4.6 reviews.

Any revisions or deletions made to these two fields in Standard 3.3 will automatically make the same change to the matching entry in Standard 4.6 and vice versa. The 'Cancer Site' field can only be revised in Standard 4.6.

The entire entry can be deleted from either Standard 3.3 or 4.6, but the entry is automatically deleted from both standards.

- This is a commendation standard; 90 percent of pathology reports include all data elements (SVDE) and use a *synoptic* format, **and** the quality of patient care is monitored using CoC quality reporting tools (CP³R) for breast, colon, and rectal sites.
 - **This commendation standard is eligible for the 2011 OAA.**

The CAP has developed this list of specific features that define *synoptic* reporting formatting:

1. Data is displayed as the required checklist item followed by its answer (response), eg., "Tumor Size: 5.5 cm."
2. Each diagnostic parameter pair (checklist SVDE: response) is listed on a separate line.
3. The synopsis can appear in the diagnosis section of the pathology report, at the end of the report, or in a separate section, but all SVDE and responses must be listed together in one location.
4. Additional items (not required for the CAP checklist) may be included in the synopsis but all required data elements must be present.
5. Narrative style comments are permitted in addition to, but are not as a substitute for, the synoptic reporting. It is not uncommon for narrative style comments to be used for clinical history, gross descriptions, and microscopic descriptions.

Pediatrics: CAP protocols are followed when they are applicable to pediatric sites and/or histologies. The current CoC quality reporting tools (CP³R) do **not** apply to pediatric cancer program facilities.

NCI: Enter text to describe how CAP guidelines are currently used and reported.
Maximum 500 characters.

Standard 4.7: Rehabilitation services are provided on site or by referral.

Compliance is evaluated on an annual basis.

- Exercise therapy is related to physical and occupational therapy. It can be used for post-mastectomy patients as well as for those who have lost a limb or muscle tissue as a result of cancer.
- Committee needs to evaluate rehab services as they relate to the cancer program's needs. Reviewing only a policy, does not meet the standard.
- A maximum of four additional services may be added per year. Maximum 60 characters for the text field.

Chapter 5

Standard 5.1: Information about the availability of cancer-related clinical trials are provided to patients through a formal mechanism.

- All categories (except NCI) are required to meet this standard.

NCI: Exempt

Standard 5.2: As appropriate to the category, the required percentage of cases are accrued to cancer-related clinical trials on an annual basis.

- The accrual year is determined by the year the patient entered into the study. If the trial carries over into the next year, do **not** count the patient for the second year.
- Patients on multiple trials may be counted for each cancer-related trial.
- Only count those patients who are entered and are actively participating in the cancer-related trial.
- Patients on clinical trials outside the facility or network (physician's office or other facility) can be counted as long as that patient has a relationship with the facility or network, there is patient consent, and the cancer-related clinical trial is Institutional Review Board (IRB) approved.

- If an accrual can be categorized by two trial groups listed in the SAR, select the more specific group. Do NOT list the accrual twice for both groups.
- This is a commendation standard; the commendation percentage of cases for the category is accrued to cancer-related clinical trials each year.
 - **This commendation is eligible for the 2011 OAA.**

Pediatrics: Pediatric cancer programs may enter additional clinical trials that are provided, but not listed in the accrual table by entering information into the “Additional Source Table.” A maximum of five additional clinical trials can be added per year. Maximum 60 characters.

Chapter 6

Standard 6.1: Supportive services are provided on site or coordinated with local agencies and facilities.

- Family services include any support service that helps family members cope with the health care experience through developmental activities and educational and emotional support.
- Caregiver support includes bereavement, family counseling, financial services, cancer support groups, and so on.
- A maximum of five additional services can be added per year. Maximum 100 characters.

Pediatrics: Candlelighters Childhood Cancer Foundation is a primary provider of essential programs and services required by families of children with cancer. Long-term follow-up/late effects can be for asymptomatic survivors of childhood, adolescent, or young adult cancer presenting for routine exposure-based medical follow-up and/or for screening and management of late effects that may potentially arise as a result of therapeutic exposures used during treatment for pediatric malignancies. Late effects are defined as therapy-related complications or adverse effects that persist or arise after completion of treatment for a pediatric malignancy.

NCI: Exempt, but requested to complete the SAR for this standard.

Standard 6.2: Each year, two prevention or early detection programs are provided on site or coordinated with other facilities or local agencies.

Note that there are **two** screens for Standard 6.2.

- An education program can constitute educational materials available to newly diagnosed patients as well as planned lectures and/or programs for the public.
- Healthy lifestyle programs address a behavior and/or a lifestyle that can contribute to the development of cancer.
- Prevention programs should reflect community assessment data, facility or network caseload (including frequently diagnosed cancers), special populations served, and stage-specific data.
- A maximum of five additional programs can be added per year. Maximum 100 characters.
- Screening services are not planned programs but are standing services regularly available to the community.
 - Must include examination of the patient or tissue from the patient by a physician.
- This is a commendation standard; three or more prevention or early detection programs are offered each year, either on site or coordinated with other facilities or local agencies.
 - **This commendation is eligible for the 2011 OAA.**

VA: In Veterans Affairs Cancer Program (VACP) facilities, prevention or early detection programs focus on veteran-related issues. Screening and prevention services are offered at the VACP to more effectively reach the veteran population through ongoing programs or clinics. The VACP may participate in community-based activities, but this participation is not required to meet the standard.

NCI: Exempt, but requested to complete the SAR for this standard.

Standard 6.3: The cancer committee, or other appropriate leadership body, monitors the community outreach activities on an annual basis. The findings are documented.

- Enter the latest date, for each year during survey, that the community outreach activities were discussed by the cancer committee and the name of the person providing the report.

NCI and VA: Exempt.

Cancer Liaison Physician (CLP) Activity Report:

A 17 item questionnaire.

- To monitor the primary roles of the CLP, who is to
 - Serve as the physician champion
 - Serve as the liaison between the CoC and the facility or network
 - Serve as the agent of change in the community
- The CLP report is part of the annual update and is to be completed or updated each year by the appointed liaison.
- The CLP report should reflect 2011 activity.

Chapter 7

Standard 7.1: Other than cancer conferences, the cancer committee, or other appropriate leadership body, offers two 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 such as site-specific prognostic indicators, or evidence-based national treatment guidelines in planning treatment for cancer patients.

- The cancer-related educational activity is a stand-alone educational program offered to cancer program physicians, nurses, **AND** other allied health professionals.
- The activities must be **OTHER THAN PATIENT MANAGEMENT CANCER CONFERENCES/TUMOR BOARDS.**
- *As of 2009*, a second educational activity is required for each year. The second activity is also to include cancer program physicians, nurses, **AND** other allied health professionals.

- The second activity is to discuss the use of AJCC stage, site-specific prognostic indicators, **and** national treatment guidelines.
- A maximum of 10 activities may be added per year. Maximum 200 characters.

Pediatric: Two pediatric-focused educational activities are offered to all members of the pediatric medical staff and pediatric allied health professionals. One educational activity relates to pediatric staging and treatment protocols used by the facility.

NCI: Exempt.

Standard 7.2: Other than cancer conferences, all members of the cancer registry staff must participate in a local, state, regional, or national cancer-related educational activity each year.

- ALL registry staff (CTR and non-CTR, contract, **AND** clerical staff) are required to participate in a local, state, regional, or national educational activity **each** year.
- A national educational activity is defined as an educational meeting offered by a national organization, targeted to a national audience, or sponsored by a national organization.
- The activities must be **OTHER THAN PATIENT MANAGEMENT CANCER CONFERENCES/TUMOR BOARDS.**
- The number of people listed each year in Standard 3.1 is to match the number of people listed per year in Standard 7.2.
- A newly hired CTR or a newly credentialed CTR is not required to attend a national activity during the first year, but should participate in an educational activity during the first year.
- A maximum of 10 staff member names can be added per year. Maximum 100 characters. When there is a new CTR or non-CTR staff hired, enter as comment in the SAR comment box.
- Maximum 100 characters are allowed in the “Specify the National Organization” field.
- Maximum 150 characters are allowed in the “Staff Identification” field only when “OTHER” is selected.

- For commendation, ALL CTRs (including contract who have worked three or more consecutive months in a calendar year) are required to **attend** a national educational activity once during the survey cycle AND all other registry staff are required to participate in educational activities each year.
- **This is a commendation standard;** the cancer registry staff members who are CTRs attend a national cancer-related educational activity once every three years (survey cycle), **and** all registry staff members participate in a local, state, regional, or national cancer-related educational activity annually.
 - This commendation is **NOT** eligible for the 2011 OAA.

Chapter 8

Standard 8.1: Each year, based on category, the cancer committee, or other appropriate leadership body, completes and documents the required studies that measure quality and outcomes.

- Only **completed** studies should be entered for each year.
- Quality studies are counted the year the study was completed and the results reviewed by the cancer committee.
- Ongoing audits, repeated studies performed during the same survey cycle, review of CP³R data, and studies that show you are meeting a CoC standard (for example, abstracting, CAP, and so on) do NOT meet the criteria.

Review the definition of what is required to be **included in a quality study** in Standard 8.1 in the current CoC Standards Manual.

- A maximum of six studies can be entered per year.
- A maximum of 300 characters for the “Study Topic” field. Include study objective in this field.
- A maximum of 300 characters for the “Criteria field.”
- A maximum of 500 characters for the “Cancer Committee’s Review and Findings” field.
- A maximum of 300 characters for the “Action Recommended” field.
- A maximum of 300 characters for the “Follow-up Steps” to the “Study” field.

- A maximum of 100 characters for the “National Benchmark” field **only** when “YES” is selected.

Pediatrics: One of the studies is to be based on registry data or COG protocol data.

PCPC: One study focusing on the pediatric cancer program, in addition to the quality studies required for the adult component.

NCI and Networks: Required to complete **three** quality studies each year.

Standard 8.2: Annually, the cancer committee, or other appropriate leadership body, implements two improvements that directly affect cancer patient care. The improvements are documented.

Quality improvements are counted the year they are **implemented** by the cancer committee.

- Quality improvements are only to be listed **once** as implementation only happens initially.
- Enter text to describe the cancer-related quality improvement (what was the improvement, how did it improve the cancer program, and so on). Maximum 500 characters. Do not enter goals.
- Indicate if the quality improvement was a result of a quality study.
- A maximum of 10 quality improvements can be entered per year.
- This is a commendation standard; three or more quality improvements are implemented each year by the cancer committee.
 - **This commendation is eligible for the 2011 OAA.**
- ***PCPC:*** One pediatric cancer patient care improvement is implemented annually in addition to the patient care improvements required for the adult component. This is a commendation standard; three or more prevention or early detection programs are offered each year, either on site or coordinated with other facilities or local agencies.