

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 least annually to the cancer committee, or other appropriate leadership body, and are documented in minutes.

DEFINITION AND REQUIREMENTS

Proper pre-operative clinical staging of cancer allows the physician to determine appropriate treatment. Staging enables the reliable evaluation of treatment results and outcomes reported from various institutions on a local, regional, and national basis.

When developing the method to document this activity, the cancer committee should consider the following:

Where staging should be recorded

Options include, but are not limited to: In the hospital medical record

As part of the treatment plan

In the pre-surgical physical examination

In clinic or consultation notes

In the records in the physician office

What rate will be set for the completion and accuracy of the AJCC stage. Clinical stage, where applicable, is preferred.

What mechanism will be used for performing a quality audit to compare the stage with the appropriate treatment as set forth in site specific national

guidelines, e.g. National Comprehensive Cancer Center Network (NCCN), American Society of Clinical Oncology (ASCO).

How appropriate changes will be implemented to address performance issues.

When, and how, findings of the quality audit will be presented to the cancer committee each year.

American Joint Committee on Cancer (AJCC) staging is the primary system used in CoC-accredited programs. Facilities in specified categories are allowed to use other staging systems.

When using the AJCC system, 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*.

Clinical or working stage is not required for cases diagnosed on or after January 1, 2006, and designated as Class of Case 0.

Programs are encouraged to continue successful physician staging practices.

SPECIFICATIONS BY CATEGORY

All programs must fulfill this standard as written.

DOCUMENTATION

The facility completes the Survey Application Record (SAR).

During the on-site visit, the surveyor will discuss with the cancer committee the methods implemented to document physician use of AJCC or other appropriate stage, site specific prognostic indicators, and evidence based national treatment guidelines in treatment planning. The surveyor will also discuss with the cancer committee the results of monitoring and improvements in performance.

NCIP facilities:

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RATING

(1) Compliance: The cancer committee, or other appropriate leadership body, has developed a process to monitor physician use of AJCC or other appropriate stage, site specific prognostic indicators, and evidence based national treatment guidelines in treatment planning. The process has been implemented, compliance evaluated, and results reported to the cancer committee, or other appropriate leadership body, at least annually.

(5) Noncompliance: The cancer committee, or other appropriate leadership body, has either not developed a process to monitor physician use of AJCC or other appropriate stage, site specific prognostic indicators, and evidence based national treatment guidelines in treatment planning, OR the process has not been implemented, compliance not evaluated, and/or results not reported to the cancer committee, or other appropriate leadership body, at least annually.

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