

**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, abstracting timeliness, follow-up, and data reporting.**

**DEFINITION AND REQUIREMENTS**

High-quality cancer registry data are essential to accurately assess treatment outcomes and patient survival. The cancer committee ensures the quality of cancer registry data by establishing and implementing a quality control plan to monitor multiple areas of cancer registry activity and the accuracy and completeness of abstracted data.

The quality control plan does the following:

1. Sets the review criteria
2. Sets the quality control timetable
3. Specifies the quality control methods, sources, and individuals involved

**Required activities**

Random sampling of annual analytic caseload

Physician review (residents and other physicians may be included)

**Optional sources**

External audits (e.g., state/central cancer registry casefinding audits) may be used to fulfill part of this requirement

4. Identifies the activities to be evaluated

**Required activities**

Casefinding

Abstracting timeliness

Accuracy of the Collaborative Stage (CS) derived stage recorded on the cancer registry abstract

Accuracy of other abstracted data

- Class of Case
- Primary Site
- Histology
- First Course of Treatment
- Follow-up information

National Cancer Data Base (NCDB) data submission, correction of data errors, and resubmission of corrected data

**Recommended activities**

Accuracy of AJCC staging by the managing physician

5. Defines the scope of the evaluation

**Required scope**

Minimum: 10% of annual analytic caseload  
Maximum: 300 cases annually

6. Establishes the minimum quality benchmarks

**Required accuracy**

Cancer registry data submitted to the NCDB meet the established quality criteria included in the annual Call for Data

Accuracy rate of CS derived stage as set by the cancer committee

**Recommended accuracy**

90% of AJCC staging assigned by the managing physician is accurate

7. Maintains documentation of the quality control activity

**Required documentation**

- Review criteria
- Cases reviewed
- Identified errors and resolutions
- Reports to the cancer committee

The assigned coordinator works cooperatively with registry staff or other departments to implement the quality control plan. The assigned coordinator monitors each area of cancer registry activity, reports regularly to the cancer committee, and recommends corrective action if any area falls below the annual goal. The results and recommendations are documented in the cancer committee minutes or other facility-approved sources.

## SPECIFICATIONS BY CATEGORY

The following categories fulfill the standard as written:

- Network Cancer Program (NCP)
- Teaching Hospital Cancer Program (THCP)
- Pediatric Cancer Program (PCP)
- Community Hospital Comprehensive Cancer Program (COMP)
- Community Hospital Cancer Program (CHCP)
- Hospital Associate Cancer Program (HACP)
- Affiliate Hospital Cancer Program (AFCP)
- Integrated Cancer Program (ICP)
- Freestanding Cancer Center Program (FCCP)

## EXCEPTIONS BY CATEGORY

### *NCI-designated Comprehensive Cancer Center Program (NCIP)*

In an NCIP facility, the plan to ensure the quality of cancer registry data is established and implemented by the cancer registry manager or administrator. In facilities with more than 1 certified tumor registrar (CTR) in the cancer registry, the CTR staff performs the quality control review of cancer registry data. The percentage of cases reviewed is determined by the facility based on the annual analytic caseload. The results of the quality control review are shared with the administrative body, as appropriate. Physician participation in the quality control activity is encouraged, but not required.

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

In a PCPC, a separate plan to monitor and evaluate the quality of pediatric data and activity is established and implemented by the pediatric cancer subcommittee or facility cancer committee, as appropriate. Physicians specializing in the care of pediatric cancer patients participate in this quality control review.

### *Veterans Affairs Cancer Program (VACP)*

In a VACP facility, the lead Veterans Integrated Service Network (VISN) CTR may assist with development of the quality control plan or coordinate the quality control review of cancer registry data. The participation and role of the lead VISN CTR are documented in the quality control plan. The coordinator for cancer registry quality or the lead VISN CTR reports quality control activity and quality control outcomes regularly to the cancer committee or other appropriate leadership body.

## DOCUMENTATION

At the on-site visit, the facility provides the surveyor with the results of the annual quality control evaluation, including the process for resolving conflicts identified during the quality control process and any audit reports from the state/central registry that were used in the evaluation of the cancer registry data. This information

may be recorded in cancer committee minutes or other facility-approved sources. The surveyor discusses the cancer registry quality control activities and results with the quality control coordinator and other members of the cancer committee during the on-site visit.

NCIP facilities:

The NCIP facility completes the Survey Application Record (SAR).

During the on-site visit, the NCIP facility provides the surveyor with the quality control plan, the quality control initiatives, or the annual quality control study results. The quality control plan includes the process for resolving conflicts identified during the quality control process and any audit reports from the state/central registry that were used in the evaluation of the cancer registry data.

The NCIP facility provides a copy of the most recent quality control initiatives to the surveyor during the on-site visit.

## RATING

**(1) Compliance:** The cancer committee establishes and implements a plan to evaluate the required areas of cancer registry activity on an annual basis.

**(5) Noncompliance:** The cancer committee does not establish and implement a plan to evaluate the required areas of cancer registry activity on an annual basis.

NCIP facilities:

**(1) Compliance:** The cancer registry staff members establish and implement a quality control plan to evaluate the required areas of cancer registry activity on an annual basis.

**(5) Noncompliance:** The cancer registry staff members do not establish and implement a quality control plan to evaluate the required areas of cancer registry activity on an annual basis.

## OTHER CLINICAL SERVICES

**Standard 4.3 Staging appropriate to the category is assigned by the managing physician, or other approved medical professional, and is recorded in a standardized location(s) in the medical record for 90% of eligible annual analytic cases.**

### DEFINITION AND REQUIREMENTS

Proper 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.

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

When using the AJCC system, either clinical or pathologic staging is assigned to each primary. Both should be assigned if appropriate. Use the criteria for clinical and pathologic staging outlined in the current edition of the *AJCC Cancer Staging Manual* to determine the appropriate stage.

Beginning January 1, 2008, complete staging in the medical record by the managing physician, or other approved medical professional, is not required.

To comply with the standard, the cancer committee will,

1. Develop and implement a process to:  
Set the required accuracy rate for the Collaborative Stage (CS) derived through the collection of the CS data items.

Annually evaluate the accuracy of the CS derived stage

Correct the information recorded in the CS data items to obtain a correct derived stage.

2. The cancer committee will develop and implement a process to promote and document physician use of staging in treatment planning.

Programs that wish to continue the staging activity currently in place at the facility, should follow the specifications and guidelines for this standard set forth in *Cancer Program Standards 2004, Revised Edition*.

### In the cancer registry database:

As stated in Standard 3.2, in NCIP and VACP facilities, the clinical AJCC staging elements and Stage Group that are assigned or supervised by a certified tumor registrar (CTR) may be recorded in the cancer registry database for all analytic cases eligible for AJCC staging. Pathologic AJCC staging elements and Stage Group that are assigned or supervised by a certified tumor registrar (CTR) may also be recorded in the cancer registry data base for all analytic cases eligible for AJCC staging.

### SPECIFICATIONS BY CATEGORY

The following categories fulfill the standard as written:

- Network Cancer Program (NCP)
- Teaching Hospital Cancer Program (THCP)
- Veterans Affairs Cancer Program (VACP)
- Community Hospital Comprehensive Cancer Program (COMP)
- Community Hospital Cancer Program (CHCP)
- Hospital Associate Cancer Program (HACP)
- Affiliate Hospital Cancer Program (AFCP)
- Integrated Cancer Program (ICP)
- Freestanding Cancer Center Program (FCCP)

### EXCEPTIONS BY CATEGORY

*NCI-designated Comprehensive Cancer Center Program (NCIP)*

An NCIP facility may continue to use newly developed state-of-the-art classifications that use prognostic factors and/or tests to classify the severity of disease (nomogram prediction tools) to meet this standard. The applicable sites and/or histologies excluded from the AJCC staging requirement are specified in facility-appropriate documentation. For Commendation, AJCC staging by the appropriate individual in the medical record is recorded for all eligible analytic cases. Cases that are excluded from the

AJCC staging requirements are excluded from the calculation of compliance. It is assumed that NCIP facilities comply with this standard so this is not evaluated at the time of survey. NCIP facilities are requested to provide general information in the Survey Application Record (SAR) for this standard that describes the facility's staging process. The rating for this standard defaults to (1) Compliance unless the facility chooses to be evaluated for the (1+) Commendation rating (see "Documentation" section).

#### *Pediatric Cancer Program (PCP)*

In a PCP facility, AJCC staging by the managing physician in the medical record is not required. As appropriate to the case and Children's Oncology Group (COG) criteria, clinical stage is recorded in the cancer registry data base for analytic cases. The staging criteria or systems to be used are documented by the cancer committee in the staging policy and procedure. A facility-designed pediatric staging form is recommended.

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

In a PCPC facility, AJCC staging by the managing physician in the medical record is not required. As appropriate to the case and Children's Oncology Group (COG) criteria, clinical stage is recorded in the cancer registry data base for analytic cases. The staging criteria or systems to be used are documented by the cancer committee in the staging policy and procedure. A facility-designed pediatric staging form is recommended.

### **DOCUMENTATION**

The facility completes the Survey Application Record (SAR).

A minimum of 2 weeks (14 days) prior to the on-site visit, the facility provides the surveyor with a copy of the new, or updated, written policy and procedure to evaluate the accuracy of the CS derived stage through the collection of the CS data items, and the process to promote and document physician use of staging in treatment planning.

The surveyor discusses the process to evaluate the accuracy of the CS derived stage through the collection of the CS data items and the process to promote physician use of stage in the treatment planning process with the cancer committee during the on-site visit.

Facilities choosing to be evaluated for the (1+) Commendation rating for AJCC staging in the medical record by appropriate medical professionals provide medical records and abstracts for a random sample of analytic cases from the last complete year of abstracting that will be reviewed by the surveyor during the on-site visit. A minimum of 25 medical records will be reviewed.

NCIP facilities:

The NCIP facility completes the Survey Application Record (SAR).

The sites and/or histologies that are excluded from AJCC staging are documented in the SAR, along with the facility's staging process.

The surveyor discusses the process to evaluate the accuracy of the CS derived stage through the collection of the CS data items and the process to promote physician use of stage in the treatment planning process with the appropriate facility leadership during the on-site visit.

Facilities choosing to be evaluated for the (1+) Commendation rating for AJCC staging in the medical record by appropriate medical professionals provide medical records and abstracts for a random sample of analytic cases from the last complete year of abstracting that will be reviewed by the surveyor during the on-site visit. A minimum of 25 medical records will be reviewed.

### **RATING**

**(1+) Commendation:** The managing physician, or other approved medical professional, assigns AJCC staging and records it in a standardized location(s) in the medical record for 95% or more of eligible annual analytic cases.

**(1) Compliance:** Default rating.

NCIP facilities:

**(1+) Commendation:** Excluding the sites and histologies with state-of-the-art systems, the managing physician, or other approved medical professional, assigns AJCC staging and records it in a standardized location(s) in the medical record for 95% or more of eligible annual analytic cases.

**(1) Compliance:** Default rating.

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