



CoC Flash

A Monthly News Update from the Commission on Cancer of the American College of Surgeons



April 2005

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CoC Announces 2004 Outstanding Achievement Award Recipients

With the introduction of *Cancer Program Standards 2004*, the CoC established an Outstanding Achievement Award to recognize programs that excel in providing quality care to cancer patients.

Seven CoC standards eligible for a “Commendation” rating were used to determine the programs that earned the 2004 Outstanding Achievement Award. They are:

- 2.11: Analysis and dissemination of patient outcomes
- 3.7: Quality of NCDB data submission
- 4.3: AJCC staging
- 4.6: Patient guidelines
- 5.2: Accrual to clinical trials
- 6.2 : Community outreach
- 8.2: Quality improvements

Note: Standard 3.3—Abstracting timeliness—was excluded because of the abstracting extension granted for the completion of 2003 cases. Standard 7.2—Registrar education—was excluded due to a mid-year change in the commendation criteria.

Thirty-four programs surveyed during 2004 earned the CoC Outstanding Achievement Award. This number represents seven percent of the surveys performed during 2004. Forty-four percent of the programs are Community Hospital Comprehensive Cancer Programs (COMP), while 28 percent are Community Hospital Cancer Programs (CHCP), and 20 percent are Teaching Hospital Cancer Programs (THCP). One NCI-designated Comprehensive Cancer Center Program and one Network Cancer Program also earned the award.

The CoC congratulates the following programs on their exceptional performance:
(alphabetical order by state)

Medical Center East, Birmingham, AL
City of Hope National Medical Center, Duarte, CA
Sutter Roseville Medical Center, Roseville, CA
Naval Medical Center, San Diego, CA
Good Samaritan Hospital, San Jose, CA
Presbyterian Intercommunity Hospital, Whittier, CA
Memorial Hospital, Colorado Springs, CO
George Washington University Hospital, Washington, DC
Northside Hospital, Atlanta, GA
Piedmont Hospital, Atlanta, GA
DeKalb Medical Center, Decatur, GA
Advocate Good Shepherd Hospital, Barrington, IL
Evanston Northwestern Healthcare, Evanston, IL
Elkhart General Hospital, Elkhart, IN
Goshen General Hospital, Goshen IN
University of Kansas Medical Center, Kansas City, KS
Taylor Regional Hospital, Campbellsville, KY
St. Elizabeth Medical Center - South, Covington, KY
Beth Israel Deaconess Medical Center, Boston, MA
Bixby Medical Center, Adrian, MI
McLaren Regional Medical Center, Flint, MI
Audrain Medical Center, Mexico, MO
Randolph Hospital, Asheboro, NC
Exeter Hospital, Exeter, NH
CentraState Healthcare System, Freehold, NJ
Virtua Health, Marlton, NJ
Roswell Park Cancer Institute, Buffalo, NY
Bassett Healthcare, Cooperstown, NY
Middletown Regional Hospital, Middletown, OH
Southwestern Regional Medical Center, Tulsa, OK
St. Luke's Hospital & Health Network, Bethlehem, PA
Avera Queen of Peace, Mitchell, SD
Gulf Coast Medical Center, Wharton, TX
ProHealth Care, Inc., Waukesha, WI

These programs will be acknowledged with a letter from Frederick Greene, MD, FACS, the CoC Chair, and at the Fall 2005 CoC Annual Meeting. The programs will also receive an updated Approved Cancer Program Performance Report, Certificate of Approval, marketing materials, and a trophy statue that can be displayed by the facility.

A special designation will be added to the facility's record on the American College of Surgeons Web site in the "Find an Approved Cancer Program Near You" listing, and this status will also be shown on the CoC Hospital Locator section of the American Cancer Society Web site later this year.

FORUM a Success at 2005 NCRA Conference

In addition to the presentations delivered by the CoC and AJCC staff at the National Cancer Registrars Association (NCRA) Annual Conference in New Orleans, April 10-14, the CoC also hosted a FORUM for cancer registrars from CoC-approved cancer programs. The purpose of the event was to encourage dialog between the CoC and registry staff from approved programs. Each group was able to listen, respond, and discuss solutions related to cancer program standards and data standard requirements.

More than 150 registrars participated, and a third of the participants submitted issues and concerns beforehand, which were addressed during the FORUM. The common topics revolved around staging, including TNM and Collaborative Staging; the National Cancer Data Base including *FORDS*; and the *Cancer Program Standards 2004*, including the survey process. Some of the issues addressed during the FORUM will be considered during the CoC committee

meetings in June for formal discussion and possible action. Following these meetings, the CoC will inform approved programs of any actions taken that may have an impact on their cancer programs.

The FORUM was well received by its participants and, for this reason, the CoC plans to hold another session at the 2006 NCRA Annual Conference. To view a PowerPoint presentation of the issues discussed during the FORUM, along with clarifications and proposed solutions, please see our Web site at <http://www.facs.org/cancer/index.html>.

CoC Presentations from NCRA Conference Posted Online

If you missed any of the CoC presentations made during the 2005 National Cancer Registrars Association (NCRA) Conference, or if you'd just like to see them again, they are posted on our Web site at <http://www.facs.org/cancer/index.html>. The topics include:

CoC FORUM

Cancer Program Standards 2004 Year One: Lessons Learned

Performance Measures for CoC Surveyors

Community Outreach: Fostering Relationships

The Cancer Registrar: Facilitator in Quality Improvement

CoC 2004 Special Studies

A Year of Change: A Review of NCDB Submissions Through a Period of Change in Cancer Registration

AJCC TNM Staging Best Practices

Revised SAR Training Guide Available

The SAR Training Guide has been revised to correspond with the 2005 Survey Application Record (SAR). For your reference, it is now available online. Because "Survey Special Instructions"—for those programs preparing for surveys in 2005—are included throughout the SAR Training Guide, the CoC recommends that all programs review this document before accessing the SAR for survey completion. The revised SAR Training Guide will also be useful when completing the SAR Annual Update which will open to programs on July 1st.

There are several ways to access to the SAR Training Guide through our Web pages:

-through the Approvals Program page at <http://www.facs.org/cancer/coc/approval.html>

-through the SAR Training Guide page at <http://www.facs.org/cancer/coc/sarguide.html>

-through the CoC Datalinks Activity Menu

-through the SAR menu

Meet and Exceed Standard 4.6

To comply with Standard 4.6, 90 percent of cancer pathology reports include the scientifically validated data elements as outlined in the CAP protocols.

To receive a Commendation (1+) rating for this standard, 90 percent of cancer pathology reports include the scientifically validated data elements as outlined in the CAP protocols **AND** guidelines from national organizations (other than College of American Pathologists) are followed.

The guidelines from other national organizations must be *cancer-focused* and need not be related to pathology reports.

Be sure that:

-the cancer committee adopts the guidelines for use at the facility

-the adoption is documented in cancer committee minutes or other sources

-the guideline compliance is monitored and reported to the cancer committee annually

National organizations offering appropriate guidelines include, but are not limited to:

American Cancer Society
American College of Surgeons
American Head and Neck Society
American Society of Clinical Oncology
American Urological Association
Association of Community Cancer Centers
The National Cancer Institute
The National Comprehensive Cancer Network
Oncology Nursing Society
Society of Surgical Oncology

A comprehensive list of cancer care guidelines offered by several national organizations is available online in our CoC Cancer Care Guidelines Repository at <http://www.facs.org/cancer/coc/cocpracguide.html>.

For further clarification on a cancer-related guideline and its issuing organization, please consult the Inquiry and Response (I&R) System for verification.

2005-2006 Speakers Bureau Topics and Volunteers

The CoC is pleased to announce that its list of presentation selections for the 2005-2006 Speakers Bureau will be posted on its Web page at <http://www.facs.org/cancer/coc/presrequests.html> in May. Speakers will be available for registry meetings beginning August 1. If your group would like to make arrangements for a speaker, information and a Speaker Request Form will be available online.

We would also like to recognize and extend our appreciation to our volunteer speakers who dedicate their time and expertise to help educate the registry community. Traveling around the country to make presentations while juggling family and work responsibilities is no easy feat. We'd especially like to thank Rosemary McKee, CTR, Cathy Rimmer, CTR, and Susan Koering, Med, RHIA, CTR, who have participated in the program since 2002, and been instrumental in helping the registry community through a myriad of changes including *FORDS*, AJCC TNM 6th Edition, Collaborative Staging, HIPAA, and Cancer Program Standards. All three will be taking on different roles within the registry community that will require their time and efforts to be directed elsewhere. We wish them the best of luck in these new endeavors.

Cancer Programs Staff: Working to Meet Your Needs

Recently, we conducted two internal assessments to evaluate the quality of customer service provided to our constituents. The first study involved the Inquiry and Response (I&R) System's team of individuals responsible for responding to the inquiries received.

A time study conducted by the six I&R team members showed that during a four-week period earlier this year, 374 inquiries were answered by the team. The majority of inquiries were related to *FORDS*, *CoC Cancer Program Standards 2004*, AJCC TNM Staging, the National Cancer Data Base, and Collaborative Staging, in that order. The average amount of time spent by each team member to respond to a question varied according to the category of the question. For example, on average, responses to questions about *FORDS* took considerably longer to research and respond to than questions about cancer program standards. Time was also spent by the six-member team in weekly meetings to review responses and gain consensus.

Overall, management of the I&R System represents 10 percent of the weekly work effort for each team member. This level of commitment ensures that individuals utilizing the I&R System will receive timely and accurate responses.

The second study was intended to assess the number of inquiries received by Cancer Programs staff on a weekly basis, how the inquiries were received (phone, e-mail, fax), and the most

frequent topics queried. Results of this study showed that in a five-day time period, 716 inquiries were received through a variety of sources, the majority of which included:

- personal staff e-mailboxes (33%)
- direct phone calls to staff extensions (22%)
- CoC@facs.org e-mail box (10%)
- I & R System (7%)

While the CoC offers several general e-mail addresses through which it can be contacted (see below), they had lower levels of utilization, but remain important vehicles for constituent use.

- CoCDatalinks@facs.org (CoC Datalinks)
- SAR@facs.org (Survey Application Record)
- NCDB@facs.org (National Cancer Data Base)
- FIPS@facs.org (Facility Information Profile System)
- AJCC@facs.org (American Joint Committee on Cancer)

Finally, the majority of inquiries received during this five-day period related specifically to the Approvals Program (35%) and the National Cancer Data Base (29%).

If you would like to share feedback on the quality of customer service offered by Cancer Programs staff, or suggestions for ways in which we can improve the delivery of quality customer service to our cancer program constituents, please send us a note at CoC@facs.org.

Role of the Cancer Liaison Physician Webconference

Join us to better understand the role of the Cancer Liaison Physician. This presentation is available for any cancer program staff interested in learning about the responsibilities of the Cancer Liaison Physician as Community Outreach Coordinator.

The next Webconference will be offered:

Wednesday, June 15, 2005, 9:00am–10:00am (Central Time)
Moderator: Michael Bouton, MD, FACS, Arkansas State Chair

These sessions last approximately 50 minutes and require participants to have Internet and telephone access. Registration is NOT necessary. Visit our Web site at <http://www.facs.org/cancer/coc/liaison.html> for further instructions. Please direct inquiries to Carolyn Jones at cjones@facs.org. We look forward to your participation.

AJCC Announces Release of Collaborative Staging System Version 01.02.00

On April 25, 2005, the AJCC issued a special announcement to cancer registrars, programmers, vendors, and central and state registries regarding the release of the new CS Version 01.02.00. Version 01.02.00 was released as a result of inquiries and issues identified by the cancer registry user community since the August 2004 release of Version 01.01.00. The CS Task Force considers all revisions necessary, and we'd like to thank those individuals who took the time to document and share issues they identified.

Complete information and CS Version 01.02.00 documentation is posted on the CS Web page of the AJCC Web site at <http://www.cancerstaging.org/cstage/index.html>.

Documentation includes:

- 1) The CS algorithm DLL and all release documents and files
- 2) To understand the details of this release, the following documents are available for download

from the CS Web page:

- Executive Summary of Changes
- Record Log of Changes to the Schemas
- Conversion and Recoding Instructions for "OBSOLETE" Codes

Questions regarding CS can be submitted to Valerie Vesich, Manager, AJCC, by e-mail at AJCC@facs.org or Tom Rawson, CS Programmer, by e-mail at tkr2@cdc.gov.

Article Sees Collaborative Staging from a Rosy Perspective

An recent article appearing in the journal *ADVANCE for Health Information Professionals* titled, "A Rose by Any Other Name Might Not Get Staged the Same," provides an overview of the complex goals and development of the Collaborative Staging System. Likening the CS System to a rose and its thorns, the author provides an understanding of the need for the CS system, the challenges encountered by the groups involved in its development, and the benefits that will arise from its existence in the future. Quoted throughout the article are Collaborative Staging Task Force members Stephen B. Edge, MD, FACS, April Fritz, RHIT, CTR, and Valerie Vesich, RHIT, CTR.

To read the article, see *ADVANCE for Health Information Professionals*, Mar. 28, 2005, Vol.15, No.7. or go online at <http://www.advanceweb.com>.

NCDB Call for Data Results Reflect Registry Accomplishments

Congratulations are due to registrars and software providers for their unprecedented achievement with the ongoing NCDB Annual Call for Data. NCDB submissions are arriving earlier and with fewer errors than they have in previous years, and we acknowledge your hard work with our sincere gratitude.

Sixty-three percent of approved programs submitted all of their 2003 case reports in their current form by the December 3, 2004, deadline for initial submission. Eighty-seven percent of all 2003 cases submitted by that date were free of edit problems. By contrast, only 34% of programs had submitted all of their 2002 case reports by the deadline for initial submission for the previous Call for Data (January 9, 2004), and only 38% of case reports were error-free by then. Note that, by the close of the extended period for correction and re-submission (October 1, 2004), 97% of all 2002 case reports met the NCDB's data quality criteria. The good news is that the NCDB will be able to post 2003 comparison and Level II data much more quickly than we were able to post 2002 data.

Nearly all facilities incorporated the new *FORDS* items early in 2003, and nearly all had completed entry of 2003 cases at the time of submission. There was, however, some delay in the use of new responses that were added to older data items with the implementation of *FORDS* in 2003, and a major problem still exists in registry implementation of the "80s" codes for chemotherapy and hormone therapy to record reasons why those treatments were not given.

The NCDB has observed some interesting trends—or rather, lack of trends—in the kinds of edit problems encountered for 2003 cases. For any given edit, most edit failures affected only isolated cases for most facilities, but that same edit may be failed systematically by cases from one or two facilities. No single edit was failed in large numbers by more than a dozen facilities (that's fewer than one percent of approved facilities). Edits causing the most difficulty for registries pertain to new data items such as those relating to the Comorbidities and Complications (many registrars entered codes not listed in *FORDS*) and AJCC 6th Edition Staging (especially use of the code 88 when an applicable AJCC scheme exists, or submission of blanks for Stage Group).

During the recent NCRA Conference, the NCDB shared some "edit secrets" with participants:

- All edits are based on the rules and coding instructions in *FORDS*, ICD-O-3, and Collaborative

Staging. Use those references as your guide when coding cases. For historic cases, the rules in force at the time the case was diagnosed, along with any interim conversions, are checked by the edits.

- New edits are added when (1) new items are required, or (2) NCDB or state registries observe widespread failure to follow published coding instructions.
- Many software systems "plug in" default codes for the data items left blank. That may be necessary for proper function of the software, but since the system programmers cannot accurately assess the reasons for a blank data item, the default may not be correct. Many edit problems can be avoided simply by coding every item directly, rather than trusting that the software programmer will fill in the right response. (Note, however, that a few items have a "blank" code clearly defined in *FORDS*; those items must be blank when the code definition applies.)
- Edit problems at the time of submission can be eliminated completely, or vastly reduced, by applying the hospital-related edits in the most current version of the standard NAACCR metafile when cases are abstracted. These edits are the pool of edits from which the NCDB draws its submission edits, and they are already incorporated in registry software for most major software systems. Additional information is available at <http://www.facs.org/cancer/ncdb/newlyabstracted.html>.

Act now and avoid the rush. The NCDB strongly encourages facilities to correct and resubmit cases with edit problems as soon as possible. According to Standard 3.7, all rejected cases and 2003 cases with edit problems remaining must be corrected and resubmitted by September 1, 2005.

CoC Member Receives 2005 Oncology Nursing Society Award

CoC member and director of patient care services in oncology at OSF Saint Anthony Medical Center in Rockford, IL, Jeannie M. O'Leary, RN, MS, AOCN, FAAMA, has received the 2005 Oncology Nursing Society Linda Areth Excellence in Cancer Nursing Management Award. This award is given to candidates recognized as experts in cancer nursing administration for contributions at the local, state, and national levels. They must also demonstrate a commitment to mentorship in cancer nursing administration.

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To Submit Information

CoC Flash will accept submissions received by the third week of each month. However, the CoC reserves the right to decide whether or not the materials are appropriate for inclusion. Information for CoC Flash should be timely, newsworthy, brief, and of use and interest to the constituents of the Commission, which include cancer registrars, liaison physicians, cancer committee chairs, and other cancer-oriented health care professionals. To submit material, send it to CoC@facs.org.

Mission

The Commission on Cancer is a consortium of professional organizations dedicated to reducing

the morbidity and mortality of cancer through education, standard setting, and the monitoring of quality care. CoC Flash is a monthly news service for constituents of the CoC provided by the Commission and the Cancer Programs of the American College of Surgeons.

For all the latest information on CoC activities, news, and events, visit our Web site at <http://www.facs.org/cancer/index.html>.

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