



# CoC Flash

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



**February 2006**

## **Highlights for the Month:**

- The Commission on Cancer 2006 and Beyond: Measuring the Quality of Your Cancer Care, June 19–20, 2006
- CoC Meetings to be Held in May 2006
- New CoC-Approved Cancer Programs in 2005
- 2005 Outstanding Achievement Award Recipients
- Update on Abstracting and Follow-up for Hurricane Evacuees
- NCDB Releases 2003 Data
- Level II Data Release Deadline is May 31
- Standard 2.8 Compliance
- Commission Partners with Aetna
- Visit the CoC and AJCC Exhibits
- Commission on Cancer 2005 Year in Review
- Inquiry and Response System: A Review of 2005 Activity
- Role of the Cancer Liaison Physician Web Conference
- Now Available! AJCC Staging Moments
- Just Published! *AJCC Cancer Staging Atlas*
- Staff Departure
- NCRA to Offer Fundamentals of Abstracting Workshop for New Cancer Registrars
- *From Melanocytes to Melanoma: The Progression of Malignancy*
- Spotlight on CoC Member Organization: American Medical Association (AMA)

## **The Commission on Cancer 2006 and Beyond: Measuring the Quality of Your Cancer Care, June 19–20, 2006, Chicago Hilton and Towers**

Featuring a variety of topics, this two-day conference will focus on quality issues which offer insight into effectively using the National Cancer Data Base (NCDB) for data-driven quality initiatives; clinical trial participation and the delivery of quality care; and methods for making a cancer program more effective.

Targeted towards all cancer program team members, health care executives, administrators, quality managers, and payers, the conference will focus on the tangible means for measuring the level of quality care provided by a cancer program.

Confirmed speakers include:

- Gregory Reaman, MD, Chair, CureSearch, Children's Oncology Group
- William McGivney, PhD, CEO, National Comprehensive Cancer Network (NCCN)
- Burt Vanderlaan, MD, Regional Medical Director, Aetna, Inc.
- Carolyn Clancy, MD, Director, Agency for Healthcare Research and Quality (AHRQ), Department of Health and Human Services

As the program is further developed, look to *CoC Flash* and our Web Site at

<http://www.facs.org/cancer/index.html> for details and information.

## **CoC Meetings to be Held in May 2006**

Invitations to the May 11–13 CoC Spring Meetings being held in Chicago were sent via e-mail this week to CoC and disease site team (DST) members and state chairs. The invitations included a letter along with two attached PDF files—one containing hotel information, the other with a meeting schedule. Please complete and fax the meeting schedule form to Mary Ann Marts at 312/202-5009. The deadline for return is March 31, 2006.

If you are in one of these groups and did not receive an invitation, or have questions about the meetings, please contact Mary Ann Marts at [mmarts@facs.org](mailto:mmarts@facs.org).

## **New CoC-Approved Cancer Programs in 2005**

Welcome to the Commission on Cancer. More than 440 cancer program surveys were conducted by the CoC in 2005. Among these, 21 new programs were approved. Congratulations on your tremendous accomplishment.

### **[New Programs](#)**

## **2005 Outstanding Achievement Award Recipients**

The CoC Outstanding Achievement Award (OAA) was designed to recognize cancer programs that strive for excellence in providing quality care to cancer patients. For surveys conducted in 2005, a facility that demonstrated a Commendation rating with the seven standards that represented the full scope of the cancer program (cancer committee leadership, cancer data management, clinical services, research, community outreach, and quality improvement), as well as a Compliance rating for the remaining 29 standards, was eligible for the OAA. Thirty-nine programs received the OAA as a result of surveys performed in 2005. This number represents approximately 9% of the programs surveyed during this period. The CoC encourages all programs to achieve this special level of recognition.

The award recipient group is comprised of Community Hospital Comprehensive Cancer Programs (44%); Community Hospital Cancer Programs (36%); Teaching Hospital Cancer Programs (18%); and one Hospital Associate Cancer Program.

### **[Award Recipients](#)**

## **Update on Abstracting and Follow-up for Hurricane Evacuees**

In the November/December issue of the *CoC Flash*, the CoC provided scenarios for its approved programs to follow when managing abstracting and follow-up for patients affected by Hurricanes Katrina and Rita. The CoC would like to remind all approved programs that they must also continue to comply with their state reporting requirements. In addition, the CoC urges approved programs to report all hurricane evacuees, even those who would normally fall into the "transient" category, to the state registry. This will be most helpful to those registries that are trying to recover from this past summer's storms. The staff at CoC-approved programs are encouraged to communicate directly with their state registries for additional guidance on this issue.

## **NCDB Releases 2003 Data**

The reporting tools, *NCDB Hospital Comparison Benchmark Reports* and *NCDB Public Benchmark Reports*, are now available with cases diagnosed through 2003.

*NCDB Hospital Comparison Benchmark Reports*

Available only to designated cancer program staff and clinicians at CoC-Approved Cancer Programs, these reports contain more than 3.7 million cases diagnosed in the years 2000 through 2003, reported by 1,376 CoC-Approved Cancer Programs. These reports can be used to conduct clinical review of patient diagnosis and treatment that are necessary to ensure that the quality of care provided to patients can be monitored and compared to that of other CoC-Approved Cancer Programs in the same health care system or nationally recognized groups of facilities.

### *NCDB Public Benchmark Reports*

This easy to use application is available for public use. Users are provided access to data from six diagnosis years (1998-2003) and slightly more than 3.6 million cases. Users can design queries using data from any one or a combination of three types of hospitals (small community, comprehensive community, and academic/teaching facilities), specify a geographic region or state, and identify as many as three co-variates to define the type of information they wish to review. The companion reporting tool that allows access to site-specific AJCC stage stratified five-year observed survival rates has been updated to include cases diagnosed in 1998.

Technical assistance is available from NCDB staff at [ncdb@facs.org](mailto:ncdb@facs.org).

### **Level II Data Release Deadline is May 31**

The NCDB will post 2004 Level II data to the Facility Information Profile System (FIPS) during the first quarter of 2006. When this is done, the cancer registrar at every CoC-approved program will receive an e-mail notification. We encourage all approved programs to discuss the release of this caseload data during the next cancer committee meeting. These Level II data must be reviewed and the CoC informed whether or not your facility chooses to share these data with the American Cancer Society (ACS). If released, facility data will be accessible through the ACS's National Cancer Information Center (800-ACS-2345) and Web site ([www.cancer.org](http://www.cancer.org)). The deadline to release Level II data is May 31, 2006.

Based on your facility's most recent data submission to the National Cancer Data Base (NCDB), these Level II data represent the total number of cancer cases *diagnosed in 2004*. These 2004 diagnoses are displayed in a table stratified by site and stage.

### **It's easy to release the data!**

Login to CoCDatalinks at <https://web.facs.org/datalinks>, enter FIPS, and find the section titled "Cases Reported to the NCDB by Site and Stage." This section will appear in purple along the left-hand side menu. Click on this section to review your 2004 data. Complete the narrative section that appears at the top of the table, scroll to the bottom of the page, and choose one of the three options:

- 1) Approve the data for release to the ACS
- 2) Approve the data without release to the ACS
- 3) Contact NCDB staff to discuss inaccuracies in the data posted

Should none of these options be selected, it will be assumed that the data was not reviewed. In this event, the cancer liaison physician at the facility will be contacted about the oversight.

When 2004 data are posted in FIPS, access to 2003 data will no longer be available. Please note that data shown in FIPS may differ from that submitted to the NCDB. FIPS reflects only those cases diagnosed in 2004, while data submitted to the NCDB may have included cases diagnosed before 2004, but first seen in 2004. Also, please be aware while comparing FIPS Level II data to registry data, that FIPS Level II data reflects AJCC physician staging, not collaborative

staging.

Please contact [fips@facs.org](mailto:fips@facs.org) with questions.

## Standard 2.8 Compliance

When determining compliance with 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 and at least 75% of the cases are presented prospectively—please keep the following tips in mind.

Prospective cases include, but are not limited to:

- Newly diagnosed, treatment not yet initiated.
- Newly diagnosed, treatment initiated, but discussion of additional treatment is needed.
- Previously diagnosed, initial treatment completed, but discussion of further adjuvant treatment or treatment for recurrence or progression of disease is needed.
- Previously diagnosed, discussion of supportive or palliative care is needed.
- Cases discussed more than one time may both be counted as prospective if they fit the above criteria.

Retrospective cases include, but are not limited to:

- Previously diagnosed cases that are presented for comparison or example

## Commission Partners with Aetna

In line with National Patient Safety Awareness Week (March 5–11), the CoC is pleased to announce an important partnership established with Aetna, Inc. Aetna, a national provider of healthcare coverage, has incorporated information about the CoC and its approved programs into the **DocFind® Referral Directory** available to consumers on its Web site at <http://www.aetna.com/docfind/index.html>. DocFind® enables consumers to search for doctors, dentists, other healthcare professionals, pharmacies, hospitals, and facilities. On the DocFind® Web page (<http://www.aetna.com/docfind/quality.html#cancer>), the CoC Approvals Program is listed as a "Quality and Patient Safety Resource" (see lower right-hand column). By clicking on the CoC link, consumers are taken to a description of the CoC and another Web link that goes to the CoC Approved Cancer Programs database. The CoC is pleased by this partnership, as well as Aetna's recognition of the CoC Approved Cancer Programs to provide Aetna members with quality care, close to home. For questions about this initiative, please contact Connie Bura at [cbura@facs.org](mailto:cbura@facs.org).

## Visit the CoC and AJCC Exhibits

Are you planning to attend either of the following March meetings? If so, plan to stop by the CoC and AJCC booths to say "Hello," and see the new materials we have to offer.

Association of Community Cancer Centers: March 14–17, Arlington, VA  
Society of Surgical Oncology: March 23–26, San Diego, CA

## Commission on Cancer 2005 Year in Review

The CoC has released the *Commission on Cancer 2005 Year in Review* which highlights many of its initiatives and accomplishments during the past year. This month-by-month retrospective reviews the programs and services provided by the CoC to improve the quality of cancer care at the national, state, and local levels. The report is now available for viewing on the Cancer Programs Web page at <http://www.facs.org/cancer/index.html>. Printed copies will be mailed to

cancer liaison physicians in all CoC-approved cancer programs, CoC members and volunteers, CoC member organizations, and a host of other CoC partners.

## **Inquiry and Response System: A Review of 2005 Activity**

The I&R team, comprised of CoC technical staff, meets weekly to review questions submitted and provide consensus answers. The team also utilizes physician and other expert curators (eg., from SEER or NCI and NCDB analysts) who specialize in certain fields and provide additional input and support to the team. During 2005, the I&R team responded to 2,872 queries; and the average turnaround time for a response was 8.7 days.

### Percentage of Questions Asked Per Category

- AJCC 19%
- ICD-O-3 6%
- Cancer Program Standards 23%
- NCDB 1%
- Collaborative Staging 14%
- SEER 3%
- FORDS 39%
- Other 2%

The most frequently asked questions within a category (10%) were the case eligibility definitions and parameters related to *Facility Oncology Registry Data Standards* (FORDS). Additional hot topics identified were Collaborative Staging, AJCC Staging requirements for CoC-approved programs, and continuing education requirements for cancer registrars.

The high volume of questions helped identify areas where the CoC and AJCC can improve communication. Upcoming issues of the NCRA's *Journal of Registry Management*, will contain information provided by the CoC and AJCC to educate registrars and clarify issues that have been identified as problematic through the I&R System. The first topic of discussion will be the FORDS data item *Date of First Contact*.

During 2005, the I&R team, coordinator, and outside contractors conducted four quality studies to assess the system's FORDS, AJCC, and Approvals questions and answers for accuracy, completeness, and pertinence. After reviewing the results of the studies, the appropriate questions/answers were amended, revised, or deleted.

We look forward to another year of providing timely and accurate responses to your registry questions and we appreciate your confidence in using this tool.

To view the I&R System or submit a questions, go to <http://www.facs.org/cancer/index.html>.

## **Role of the Cancer Liaison Physician Web Conference**

Do you need to learn about the role of the cancer liaison physician (CLP)? Join us for the next Web conference to better understand the responsibilities of the CLP.

- Tuesday, April 4, 2006: 9:00am to 10:00am (Central Time)
- Thursday, June 8, 2006: 5:00pm to 6:00pm (Central Time)

These sessions last approximately 50 minutes and require 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 questions to Carolyn Jones at [cjones@facs.org](mailto:cjones@facs.org). We look forward to your participation.

## Now Available! AJCC Staging Moments

To build on its current list of online staging tools including the TNM Slide Library, the American Joint Committee on Cancer (AJCC) has developed the Staging Moments Program. This program includes brief, case-based presentations that are intended to be used for departmental weekly conferences (e.g., morbidity and mortality or tumor board). These slide sets include site-specific cases, the staging system for the organ site, and the final stage for the case. The program will offer 3 cases each for the following 9 sites: breast, colorectal, melanoma, lung, cervix, ovary, pancreas, prostate, and uterus. Presentations on breast, colon, and pancreas are now available online at <http://www.cancerstaging.org/education/media.html>.

The AJCC encourages cancer program staff to take advantage of this resource and use it on a regular basis. Additional site cases will be added to the program soon. Announcements on the availability of new slide sets will be here in *CoC Flash* and posted on the AJCC Web site.

## Just Published! AJCC Cancer Staging Atlas

The AJCC is pleased to announce publication of the new *AJCC Cancer Staging Atlas*. Pathologists, oncologists, surgeons, and registrars who wish to visualize the TNM components for 39 disease sites, can use the Atlas alone or in conjunction with the *AJCC Cancer Staging Manual* or handbook. More than 400 illustrations provide detailed and thorough anatomic depictions that clarify critical structures and allow the reader to instantly visualize the progressive extent of malignant disease.

Published by Springer, the Atlas is available for \$59.95. Call toll-free 1-800-SPRINGER to order. Please refer to ISBN #0-387-29014-1 when ordering. Online order information is not yet posted on the Springer Web site at <http://www.springeronline.com>.

## Staff Departure

Valerie Vesich, CTR, manager of the American Joint Committee on Cancer (AJCC), is relocating in March to join the cancer program at St. Joseph's Hospital and Medical Center in Phoenix, AZ. Her colleagues here at the ACoS and the AJCC leadership wish to acknowledge Val's tremendous contributions to the work of the AJCC—most specifically the development and release of the Collaborative Staging System. Her dedication and devotion to this project have helped to improve the visibility of the AJCC and make it a leader in cancer staging today.

In the interim, while we seek Val's replacement, Karen Pollitt, AJCC administrator, will coordinate the activities of the AJCC. Please contact her at [ajcc@facs.org](mailto:ajcc@facs.org). As always, questions regarding TNM or Collaborating Staging should be submitted to the online I&R System.

## NCRA to Offer Fundamentals of Abstracting Workshop for New Cancer Registrars

**WHEN:** MAY 6–8, 2006

**WHERE:** Washington, DC-area; held concurrently with NCRA's Annual Conference.

In conjunction with its Annual Conference, NCRA is offering a workshop designed to focus on the concepts of quality abstracting and data-reporting practices for cancer registry employees with less than two-years' experience.

This intensive three-day training program provides an in-depth discussion of the coding rules and reporting requirements and includes several site-specific discussions. In addition, there will be hands-on training exercises incorporated throughout the workshop with designated time for individualized instruction. This program emphasizes the proper use of the coding and reference

manuals and techniques to promote quality cancer data. This session is a basic session and does not offer CE's. For more information go to <http://www.ncra-usa.org/conference/program.htm>

### ***From Melanocytes to Melanoma: The Progression of Malignancy***

Edited by: Vincent J. Hearing, PhD, and Stanley P.L. Leong, MD

Melanoma has been extensively studied since it serves as an excellent model of cancer biology. This book fills the missing link by examining the phenomenon and mechanisms of progression from melanocytes to melanoma, and answers the critical question of how a cancer develops from a benign precursor cell type. Through the understanding of these progressive mechanisms of oncological development, newer therapeutic maneuvers may be developed to curb the malignant progression either through prevention or early detection. This book is written for graduate students, post-docs, residents, fellows, pigment biologists, pathologists, dermatologists, oncologists and surgeons, and is available from Humana Press at <http://www.humanapress.com>. Price \$175.50.

### **Spotlight on CoC Member Organization: American Medical Association (AMA)**

The American Medical Association (AMA) has been a CoC member organization since 1966. The current representative is Michelle B. Riba, MD, MS, from the University of Michigan in Ann Arbor.

In 1847, the AMA was founded at the Academy of Natural Sciences in Philadelphia, PA, with a mission of helping doctors help patients by uniting physicians nationwide to work on the most important professional and public health issues. The association's envisioned future is to be an essential part of the professional life of every physician and an essential force for progress in improving the nation's health.

The AMA is aggressively involved in advocacy efforts related to the most vital issues in medicine today and committed to improving public health through promoting healthy lifestyles and eliminating health disparities. The association continues to conduct scientific research and develop and disseminate to physicians clinical resources related to the prevention and treatment of public health issues, such as obesity, alcohol and other drug abuse, and violence prevention.

We invite you to learn more about the AMA and its programs by visiting its Web site at <http://www.ama-assn.org>.

### **To Subscribe to CoC Flash**

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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](mailto:coc@facs.org).

## Mission

The Commission on Cancer is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive 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>.

***CoC Flash***

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