



Commission  
on Cancer

# Flash



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

## February 2008

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### Coming Together 2008: A National Forum on Cancer Care in the US

On July 14–15, 2008, in Baltimore, MD, the Commission on Cancer (CoC) will host, "Coming Together 2008: A National Forum on Cancer Care in the United States." Join national leaders and advocacy experts in a discussion of legislative and regulatory issues that will affect the future of cancer patient care, and find out how you can contribute to the dialogue and influence the outcome of major policy issues. **Registration opens March 17, 2008.**

Three Easy Ways to Register:

**Online:** <http://www.facs.org/cancer/index.html>

**Fax:** 800/682-0252 (U.S. Only) or 312/202-5003 (All Other Locations)

**Mail:** American College of Surgeons, Attn: Registration Services, PO Box 92340, Chicago, IL 60675-2340

- Registration must be prepaid and confirmed prior to the conference.

- Registration online or by fax requires credit card payment. The ACS accepts American Express, Visa, and MasterCard.
- Checks will be accepted only with a registration form sent by mail.
- No purchase orders (POs) will be accepted.

Early Bird Special (Before June 3, 2008): \$425  
 Fee (After June 3, 2008): \$525

The registration deadline is Tuesday, July 1, 2008. See our Preliminary Conference Program online at <http://www.facs.org/cancer/coc/comingtogether2008.html> for more details.

## Updates Made to Standards 3.3 and 5.2

### Standard 3.3: 2008 Abstracting Timeliness Rating

In *Cancer Program Standards 2004 Revised Edition*, Standard 3.3 reads: "For each year between survey, 90 percent of cases are abstracted within six months of the date of first contact." Since 2004, the CoC has been extremely flexible in the interpretation of this standard during on-site surveys. At this time, we have advised all cancer program surveyors to review this standard as written. In other words, when the surveyor comes to your facility, he or she will calculate the rating for Standard 3.3 based upon the charts reviewed and if the program is current at the time of survey.

Here is the rating scenario for 2008 surveys based upon the 25 case review for all programs (variations for NCI and CPN see page 41 of the standards):

- (1+) More than 90% of the cases reviewed were abstracted within 6 months from the date of first contact (month to month, not date to date) AND the program is current on the day of survey.
- (1) 90% of the cases reviewed were abstracted within 6 months from the date of first contact (month to month, not date to date) AND the program is current on the day of survey.
- (5) Less than 90% of the cases reviewed were abstracted within 6 months from the date of first contact (month to month, not date to date) AND/OR the program is NOT current on the day of survey.

### Standard 5.2: 2008 Clinical Trial Enrollment Rating

*Cancer Program Standards 2004 Revised Edition* for Standard 5.2 reads: "As appropriate to the category, the required percentage of cases is accrued to cancer-related clinical trials on an annual basis." At this time, we have advised all cancer program surveyors to review this standard as written. In other words, when the surveyor comes to your facility, he or she will calculate the rating for Standard 5.2 based upon the exact percentage of clinical trial enrollment for the completed years between surveys. In the past, we allowed for some variation on the rating based upon "rounding up" the percentage. For example, if the program required 2 percent enrollment based upon their category and they documented 1.76 percent, we would have rated them compliant. For surveys performed in 2008 and forward, we are no longer allowing such rounding up of percentages for either compliance or commendation.

## Data at Work for Your Cancer Program and Patients

Surveys completed by CoC-accredited cancer programs distributed in Fall 2007 to gauge the utilization of the quality improvement reporting tools provided by the National Cancer Data Base (NCDB) have helped the NCDB to more effectively understand and address each facility's use of these tools. The NCDB recognizes that good quality data underpins clinical care. With that in mind, the five Electronic Quality Improvement Packets (e-QulP) available to CoC-accredited cancer programs through CoC Datalinks have been developed according to evidenced-based practice guidelines for breast and colon cancer care, and are updated regularly based upon each cancer program's response.

These Web-based tools provide each cancer program with critical data items that define indicators of good patient care for breast, colon, and rectal cancer cases. Documenting clinical targets around these indicators will provide programs with a means to measure their delivery of quality patient care.

March marks National Colorectal Cancer Awareness Month. Take a look at how your CoC-accredited cancer program is performing relative to the care of Stage III colon cancer patients by

accessing the Cancer Program Practice Profile Report (CP<sup>3</sup>R). We continue to see CoC-accredited cancer programs move their performance bar up since the release of this quality improvement tool.

The NCDB looks forward to continuing to work with you to refine reporting tools for quality improvement purposes. We appreciate your facility's efforts to provide us with quality data and evidence of quality cancer care that reflects your cancer program's practices.

## CP<sup>3</sup>R Updates Completed

The CoC has updated the Cancer Program Profile Reports (CP<sup>3</sup>R) for Stage III colon cancer. The CP<sup>3</sup>R provides comparative information for facilities to determine if adjuvant chemotherapy (ACT) has been administered to or considered for patients following the resection of Stage III cancers of the colon. The purpose of this quality improvement initiative is to provide facilities with information (1) for cancer committee review of concordance with patient care guidelines; (2) to improve data and charting accuracy at the facility level; and (3) to enable facilities to demonstrate their quality of patient care using cancer registry data.

**NEW!** The date chemotherapy was administered or considered is now displayed next to the reported chemotherapy treatment code in the Case Detail Screens. The National Quality Forum (NQF) endorsed measure for adjuvant chemotherapy (<http://www.facs.org/cancer/qualitymeasures.html>) for AJCC Stage III colon cancer specifies that concordance with the measure is dependent upon administration or consideration of adjuvant chemotherapy within 120 days of diagnosis. The CoC encourages programs to review the displayed "Chemotherapy Date" displayed on these screens for accuracy and completeness, at a minimum for 2005 and 2004 diagnoses.

**Special Note!** The CoC will be undertaking a broad review of both the CP<sup>3</sup>R and e-QulP reports with two specific aims: (1) to bring the methodology used to compute performance rates into line with the NQF endorsed measure specifications, e.g. performance rates currently displayed in the CP<sup>3</sup>R and e-QulP reports do not account for timeliness of treatment; and (2) to provide comparative information across all six of the cancer quality measures currently supported through these reports. Please take some time to review your cancer program's reports and confirm that the data reported to the NCDB are accurate and complete to be assured of a satisfactory transition.

Should you have any questions about this update, please contact the NCDB at [NCDB@facs.org](mailto:NCDB@facs.org).

## 2008 CS Re-evaluation Reliability Study to Begin

SEER has developed the 2008 CS Re-evaluation Reliability Study to re-evaluate the problem areas that were noted in the 2005 CS reliability study. SEER invites all registrars to participate in this study, as they did in 2005. Please use link to view the "Invitation to Participate" [http://seer.cancer.gov/registrars/2008\\_reliability\\_invitation.html](http://seer.cancer.gov/registrars/2008_reliability_invitation.html).

Registration for the study starts on March 3, and the study opens on March 17.

If you have any questions, please feel free to contact Jennifer Ruhl, BBA, RHIT, CTR ([ruhjl@mail.nih.gov](mailto:ruhjl@mail.nih.gov)); Surveillance, Epidemiology and END Results (SEER) Program).

## Correction to Rule M4 Issued

A correction has been issued for Rule M4 in the Benign Brain & CNS Multiple Primary rules on the SEER Web site at [http://www.seer.cancer.gov/tools/mphrules/benign\\_brain.html](http://www.seer.cancer.gov/tools/mphrules/benign_brain.html).

Rule M4 currently reads: "Tumors with ICD-O-3 topography codes that are different at the second (Cxxx) and/or third characters (Cxxx) are multiple primaries."

The **corrected wording** is: "Tumors with ICD-O-3 topography codes that are different at the second (Cxxx), third (Cxxx), or fourth (Cxxx) characters are multiple primaries."

## Last Call for CLP Outstanding Performance Nominations

Don't miss this opportunity to recognize your Cancer Liaison Physician (CLP) for his/her leadership and contributions. Send in your nomination for the 2007 CLP Outstanding Performance Award.

Nominations must be received by March 31. Cancer program staff, State Chairs, Surveyors, and American Cancer Society staff may nominate a CLP for excellence in one or more of the following areas in 2007:

- Developed and/or implemented an idea(s) that improved the quality of care delivered at the facility.
- Significantly contributed to the accreditation status of the cancer program.
- Worked above and beyond normal CLP expectations to strengthen the cancer program.
- Demonstrated leadership and support for cancer control activities in the community and with the ACS.
- Served as a role model for other staff and exhibited characteristics that truly make him/her a physician champion for the cancer program.

Award recipients will be notified by July 1, 2008. A nomination form is available online at <http://www.facs.org/cancer/coc/liaison.html>.

## Submission Deadline Nears for CoC Paper Competition

The deadline to submit abstracts for the 2008 Commission on Cancer Paper Competition is quickly approaching. The competition is open to general surgery residents, surgical specialty residents, sub-specialty residents, and oncology fellows in the United States. The papers should describe original research in cancer care in either: (1) basic laboratory research, (2) clinical investigation, or (3) quality of care/health services research.

Residents or cancer fellows should submit a structured abstract to the CoC by March 15, 2008. CoC State Chairs will review the submitted abstracts by Region and select a first, second, and third place winner by July 15. The first place winner from each of the 10 Regions will move on to a national competition. First, second, and third place winners of the national competition will be selected and notified by August 15, 2008.

First-place winners of the national competition will receive a \$1,000 award and present during the CoC Annual Meeting on Sunday, October 12, 2008, in San Francisco, CA. Second place winners will be recognized at the Annual Meeting and receive a \$500 award.

This competition has been funded by the CoC and by a memorial gift from Mrs. A. Lee Campione in honor of her late husband, Matthew P. Campione, MD, FACS. For information, please log onto our Web site at <http://www.facs.org/cancer/cannews.html> or contact the CoC at 312/202-5183 or [cjones@facs.org](mailto:cjones@facs.org).

## CoC Year in Review Now Available

The 2007 Commission on Cancer Year in Review highlights the CoC's accomplishments and initiatives from the past year. Much of what the Commission has accomplished is a direct result of the 1,400 CoC-accredited cancer programs that demonstrate an ongoing commitment and dedication to providing high-quality cancer care. One copy of the Year in Review has been mailed to the CLP at each CoC-accredited cancer program. If you would like a copy of the Year in Review, you may download a pdf version from the CoC Web site at <http://www.facs.org/cancer/cannews.html>. Additional print copies, in limited quantities, are available by contacting the CoC at [CoC@facs.org](mailto:CoC@facs.org). The CoC thanks your program its continued support of the CoC's mission.

## Register for March TQM/CQI Web Conference

This Web conference will offer an overview of the barriers to health delivery system quality mechanisms and approaches for maximizing quality control in health care organizations. It will include concepts and practices for quality assessment, control, and improvement in the cancer program.

Register to watch the live presentation on the date scheduled OR register to watch the archived video. Either way, the Web conference now fits your schedule.

**Title: Overcoming Barriers to Implementation of TQM/CQI\***

Date: March 11, 2008

Time: 10:00am (ET); 9:00am (CT); 7:00am (PT)

\*total quality management/continuous quality improvement

Online registration is required and will begin March 4. The cost for each individual program is \$35. Credit card payment is required at the time of registration; no checks or PO's accepted.

Upcoming programs will include:

May 6: Resolving Issues of Case Eligibility

June 24: Comparative Reporting: Quality of Care Measures for Breast and Colorectal Cancers

August 12: Get Ready! Preparing for the NCDB Call for Data

Visit our Web site at <http://www.facs.org/cancer/coc/coceduc.html> for information on registration, program content, and fees. For questions, contact Tracy Rausch at [trausch@facs.org](mailto:trausch@facs.org).

## Study Shows Uninsured and Medicaid Patients More Likely to Present with Advanced-stage Cancer

Investigators from the American Cancer Society reviewed the National Cancer Data Base (NCDB) to identify 3,742,407 patients diagnosed with cancer between 1998 and 2004. Odds ratios and 95 percent CIs for the effect of insurance status (Medicaid, Medicare (65–99 years), Medicare (18–64 years), private, or uninsured) and ethnicity (white, Hispanic, black, or other) on disease stage at diagnosis for 12 cancer sites (breast [female], colorectal, kidney, lung, melanoma, non-Hodgkin lymphoma, ovary, pancreas, prostate, urinary bladder, uterus, and thyroid) were estimated, while controlling for patient characteristics. Uninsured and Medicaid-insured patients were significantly more likely to present with advanced-stage cancer compared with privately insured patients. This finding was most prominent for patients who had cancers that can potentially be detected early by screening or symptom assessment (eg, breast, colorectal, and lung cancer, as well as melanoma). For example, the odds ratios for advanced-stage disease (stage III or IV) at diagnosis for uninsured or Medicaid-insured patients with colorectal cancer were 2.0 (95% CI 1.9–2.1) and 1.6 (95% CI 1.5–1.7), respectively, compared with privately-insured patients. For advanced-stage melanoma, the odds ratios were 2.3 (2.1–2.5) for uninsured patients and 3.3 (3.0–3.6) for Medicaid-insured patients compared with privately insured patients. Black and Hispanic patients were noted to have an increased risk of advanced-stage disease (stage III or IV) at diagnosis, irrespective of insurance status, compared with White patients. Although the authors warn that separating the effects on stage of cancer at diagnosis associated with patient insurance status and race can be difficult, their findings indicate that adequate insurance is a crucial factor for receiving appropriate cancer screening and timely access to medical care.

Halpern MT, Ward EM, Pavluck AL, Schrag NM, Bian J, Chen AY. Association of insurance status and ethnicity with cancer stage at diagnosis for 12 cancer sites: a retrospective analysis. *The Lancet Oncology*, published online February 18, 2008.

## More than a Dozen New Best Practices Available Online

Check out the 18 new best practices for cancer programs that have been added to the CoC Web site's Best Practices Repository at <http://www.facs.org/cancer/coc/bestpractices.html>. These documents, provided by CoC-accredited cancer programs, offer excellent examples of ways to help your cancer program meet the CoC standards.

## Updates Made to Cancer Care Guidelines Repository

See the CoC's Web site at <http://www.facs.org/cancer/coc/cocpracguide.html> to review an updated list of Cancer Care Guidelines submitted by 32 of the CoC's member organizations involved in guideline development and dissemination.

Cancer care guidelines provide a general template for quality, cost-effective management of the cancer patient. Such guidelines may be in relation to screening, genetic counseling, early diagnosis and prevention strategies, as well as treatment and follow-up of the cancer patient. As part of its Cancer Program Standards 2004, the CoC recommends that the cancer committee review and consider adoption of guidelines appropriate to the patients diagnosed and treated by the facility and encourages documentation of their use in cancer committee minutes.

The CoC's Survey Application Record (SAR) enables accredited programs to record facility guideline use and the procedures in place to monitor their compliance by the medical staff.

Guideline use is one criteria established for earning a Commendation rating for Standard 4.6: "The guidelines for patient management and treatment currently required by the CoC are followed."

The CoC does not endorse any specific guideline, but has elected to make guidelines from various national organizations available through the Web site for information purposes only. This resource is updated every other year.

## News from the AJCC

The American Joint Committee on Cancer (AJCC) is pleased to announce that past editions of the AJCC Cancer Staging Manual are now available for download at no cost. Visit the AJCC Web site at <http://www.cancerstaging.org>, and click on Publications and Electronic Products.

The AJCC has an ongoing agreement with the American Cancer Society to publish articles in *CA: A Cancer Journal for Clinicians*. The articles developed by the AJCC are related to staging strategies for selected disease sites and emphasize the importance of accurate staging in clinical care, cancer research, and cancer surveillance. Each article describes TNM staging for a particular cancer site or system and includes clinical examples that illustrate the staging process. CME credits are also available by taking an online quiz based on the article.

The ninth and most recent article, "Utilizing the Tumor-Node-Metastasis Staging for Prostate Cancer: the Sixth Edition, 2002," was published in the January/February 2008 issue and is available online at <http://caonline.amcancersoc.org/cgi/content/full/58/1/54>.

## Visit our Upcoming Exhibit

Society of Surgical Oncology (SSO)  
March 13-16, 2008  
Sheraton Chicago Hotel and Towers  
Chicago, IL

The CoC and AJCC will be exhibiting at SSO. If you will be attending, stop by our booths to speak with Debbie Etheridge, Donna Gress, Nancy Heath, and Lisa Landvogt and see the new materials we have to offer.

In addition to the exhibit, the CoC will host a breakfast focus group session to explore ways to expand access to the National Cancer Data Base for research and quality improvement purposes. This one-hour discussion will take place during the meeting on Saturday, March 15th from 6:45–7:45am in Parlor G of the Sheraton. The session can accommodate up to 25 surgeons. Registration is not required. If you are actively involved in your CoC-accredited cancer program, we invite you to attend. For additional information, please contact Connie Bura at [cbura@facs.org](mailto:cbura@facs.org).

## ACS Releases *Cancer Facts and Figures 2008*

The American Cancer Society's (ACS) annual cancer statistics report finds that death rates from cancer in the United States have decreased by 18.4 percent among men and by 10.5 percent among women since mortality rates began to decline in the early 1990s. Society epidemiologists predict that in the U.S. in 2008 there will be 1,437,180 new cancer cases (745,180 in men and 692,000 in women) and 565,650 cancer deaths (294,120 among men and 271,530 among women). The findings come from Cancer Statistics 2008, published in the March/April issue of *CA: A Cancer Journal for Clinicians*, as well as in the 57th edition of its companion publication, *Cancer Facts & Figures 2008* just released and accessible from the ACS Web site at [http://www.cancer.org/docroot/STT/stt\\_0.asp](http://www.cancer.org/docroot/STT/stt_0.asp).

Each year, *Cancer Facts & Figures* features a Special Section highlighting one aspect of cancer prevention, early detection, or treatment. In recent years, the section has focused on tobacco, obesity, infectious causes of cancer, environmental pollutants, and cancer-related pain. The Special Section of *Cancer Facts and Figures 2008* is "Insurance and Cost-Related Barriers to Cancer Care." About 47 million people in the U.S. are uninsured; minority populations and/or those with low income are disproportionately represented in this category. Recognizing that reducing barriers to cancer care is critical in the fight to eliminate suffering and death due to cancer, the ACS and its sister advocacy organization the American Cancer Society Cancer Action Network (ACS CAN) are working together to bring the need for meaningful healthcare reform to the forefront of public and political debate. One important goal of this campaign is to educate Americans about the extent of the access to care problem and to motivate them to take action in support of change. The Special Section provides an overview of systems of health insurance and describes the impact of being uninsured or underinsured on cancer prevention, diagnosis, treatment,

and outcome.

## **NCI Dramatically Increases Cancer Survivorship Estimates**

The National Cancer Institute (NCI) recently released, "The Nation's Investment in Cancer Research—An Annual Plan and Budget Proposal for 2009" (<http://plan.cancer.gov>). According to this document, the NCI now lists the estimated number of cancer survivors living in the United States at nearly 12 million. This is a 14 percent increase from the 10.5 million survivors typically cited. The new total was generated from the 2006 SEER submissions. This new estimate stresses the urgency of making cancer a national priority as more people are living with cancer than ever before.

## **American College of Surgeons Publishes Patient Guide to Surgery**

*Need an Operation... Now What? A Patient's Guide to a Safe and Successful Outcome*

Written by Thomas R. Russell, MD, FACS, Executive Director of the American College of Surgeons, this book provides the information you need to help you have a successful surgical experience with the best possible results. Cancer patients are even encouraged to locate a nearby CoC-accredited program for quality care. Written in patient-friendly, non-technical language, this book is designed to help you understand the process of having an operation from start to finish.

Publisher: American College of Surgeons and Thomson Healthcare. 2008. 118 pp. You can order a copy online at <http://www.facs.org/commerce/catsplash.html>.

Price:

ACS members: \$14.95 each

Non-members: \$15.95 each

Quantity prices (10 or more copies):

ACS members: \$10.00 each

Non-members: \$13.95 each

## **Advancing Cancer Research through Biospecimen Science**

The NCI Office of Biorepositories and Biospecimen Research (OBBR) and the National Institutes of Health Office of Rare Diseases announce the Biospecimen Research Network (BRN) Symposium, "Advancing Cancer Research Through Biospecimen Science," will be held March 13-14, 2008, in Washington, DC. The symposium will feature expert presentations and interactive discussions of topics in biospecimen science including: HER2/neu: Lessons Learned; Access to Existing Knowledge in Biospecimen Science; Research Advances in Biospecimen Science; Assessing and Qualifying Biospecimen Quality; Patient Perspectives; Incorporating Biospecimen Science into Research and Clinical Practice.

Key presenters include: Carolyn Compton, MD, PhD; Angelo DeMarzo, MD, PhD; Steve Gutman, MD, MBA; Elizabeth Hammond, MD; Daniel Hayes, MD; Scott Jewell, PhD; Paula Kim; Chris Logothetis, MD; David Ransohoff, MD; and Gerry Thomas, PhD. The symposium is open to the public and expected to be of particular value to research investigators, clinicians, government representatives, industry representatives, hospital administrators, and patient advocates. For more information, to register, and to submit an abstract, please visit <http://www.brnsymposium.com>.

## **Early Registration Deadline Approaches for NCRA's 34th Annual Conference**

Mark your calendars! The early registration deadline for NCRA's 34th Annual Conference is Wednesday, March 12, 2008. These great rates are available to both members and non-members whose registration form and payment is RECEIVED by the March 12 deadline.

For more information and to register for NCRA's 34th Annual Conference, please visit <http://www.ncra-usa.org/conference/index.htm>.

## **Webinars Offered by NAACCR**

Individual registration is available for the following Webinars:

3/26/2008: Abstracting Thyroid Cancer Incidence & Treatment Data; Abstracting Larynx Cancer Incidence and Treatment Data

5/8/2008: Data Quality & Data Use

7/10/2008: Abstracting Upper Gastrointestinal Tract Cancer Incidence & Treatment Data

9/11/2008: Abstracting Other Digestive System Cancer Incidence & Treatment Data

Please go to the NAACCR Web site at <http://www.naacccr.org>, to register for any of these programs.

## NCDB Welcomes New User Support Specialist

The CoC welcomes Anna (pronounced "Anya") Deleva as the new NCDB User Support Specialist. Anna is a certified tumor registrar (CTR) and a registered health information technician (RHIT), with five years of cancer registry experience. She has an A.A.S. degree in health information technology and is a certified coder. Anna is providing customer support for all NCDB activities by participating on the Inquiry and Response (I&R) team, assisting with the annual Call for Data, and helping registrars use tools like the CP3R, e-QuIP, Benchmark and Survival reports. She can be reached at [adeleva@facs.org](mailto:adeleva@facs.org).

## Remembering a Former Colleague

The CoC was saddened to hear of the recent passing of Gena Marie Opaluch, CTR, who served as manager of the Commission's Approvals Program from 1984 to 1998, at which time she took the lead in the development of the College's Stereotactic Breast Biopsy Accreditation Program until 2000. Gena made many contributions to the work of the CoC and to the Approvals Program. She spearheaded revisions to the Commission's standards for cancer programs that resulted in the 1986, 1991, and 1996 editions, and was instrumental in developing marketing materials for use by approved cancer programs to promote their approval to their communities. Gena was an active advocate for and proponent of the cancer registry profession and contributed to the development of the first cancer registry staffing manual and cancer registry management principles and practices publication developed and disseminated by the National Cancer Registrars Association. Gena's contributions will be remembered by all who worked with her during her time with the Commission.

## To Subscribe to CoC Flash

*CoC Flash* is e-mailed automatically each month to individuals for whom the Commission on Cancer of the American College of Surgeons has an e-mail address. Individuals not currently receiving the newsletter may subscribe to the publication by sending an e-mail containing your name, address, telephone and fax numbers to [CoC@facs.org](mailto:CoC@facs.org), and asking to be added to our electronic distribution database.

## 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>.

For easy printing, a .pdf version of each issue is available online within 72 hours of the time Flash is distributed. Go to <http://www.facs.org/cancer/cocflash/cocflash.html>.

## SAVE the DATE

Coming Together 2008: A National Forum on Cancer Care in the United States to be held July 14–15, 2008, in Baltimore, MD.

## LEARN and EARN

The CoC's Online Education Center is available 24/7 to support your educational needs. Go to <http://www.facs.org/cancer/webcast/index.html> for more information. CE and CME credits are available.



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