



CoC Flash

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



June 2005

Highlights for the Month:

- NAACCR Bestows Awards on CoC Leadership
- Registration for November Survey Savvy Workshop Begins July 1
- 2005-2006 Speakers Bureau Educational Topics
- Committee on Approvals Revision and Rating Clarification for Select Standards and 2004 Survey Outcomes Review
- Committee on Approvals Confirms Criteria for 2005 CoC Outstanding Achievement Award
- CoC June Meetings
- CoC Meetings to be Held in Conjunction with Clinical Congress
- Revised Merged and Network Guidelines Now Online
- SEER*RX Drug Database Software Now Available
- US Oncology Releases Video on Community Cancer Care in America
- Selective Sentinel Lymphadenectomy for Human Solid Cancer
- Spotlight on CoC Member Organization: American College of Physicians (ACP)

NAACCR Bestows Awards on CoC Leadership

Both Connie Bura, Administrative Director, Cancer Programs, and Andrew Stewart, Senior Manager, NCDB, received the Constance Percy Distinguished Member Service Award this month at the annual North American Association of Central Cancer Registries (NAACCR) Meeting.

Connie received her award in part for focusing on enhancing cancer organizational leadership coordination and Andrew for his leadership insight with complex cancer issues.

Registration for November Survey Savvy Workshop Begins July 1

Beginning July 1, a brochure and registration form for our next "Survey Savvy: An Essential Workshop for Programs Committed to Providing High-Quality Care" will be available on our Web site at <http://www.facs.org/cancer/coc/surveysavvy.html>. The workshop will be held November 14 –15 in Chicago. Please review the online brochure and registration form thoroughly. The registration fee is \$300. Space is strictly limited to 150 participants. All registration forms must be mailed. No faxes. Payment is required at the time of registration. No exceptions. Do not make travel or hotel arrangements until you have received a confirmation notice. A registration brochure will be mailed to all CoC constituents in July.

2005-2006 Speakers Bureau Educational Topics

Do you need a speaker for an upcoming registry meeting? The CoC has posted its list of presentation selections for the 2005-2006 Speakers Bureau on its Web page at <http://www.facs.org/cancer/coc/presrequests.html>. If your group would like to make arrangements for a speaker, please review the topics and information provided online and submit a Speaker Request Form at least eight weeks in advance of the meeting.

Committee on Approvals Revision and Rating Clarification for Select Standards and 2004 Survey Outcomes Review

The Committee on Approvals met on June 2, 2005 and made additional revisions to selected

standards and offers ratings clarifications for Standards 3.6–NCDB Data Submission and 3.7–Data Quality. We are taking this opportunity to provide you with up-to-date information on current standards interpretations.

Standard 2.3–Activity Coordinators

Working with the Committee on Approvals, the Committee on Cancer Liaison voted to add more flexibility to the Cancer Liaison Physician participation in the Coordinator role. Effective immediately, the Cancer Liaison Physician is no longer required to be appointed as the Community Outreach Coordinator. This is especially appropriate in facilities with a community outreach department or those with staff in one or more departments that are responsible for community outreach activities.

In these cases, the Cancer Liaison Physician could serve as a facilitator for community outreach who would work to foster involvement with the American Cancer Society. The Cancer Liaison Physician could also select another coordinator role (such as the quality of cancer registry data) in another area of particular interest.

The Committee on Cancer Liaison will be establishing a task force to further define and clarify the Cancer Liaison Physician role as the Community Outreach facilitator.

Standard 4.2–Inpatient Medical Oncology Unit

Effective immediately, additional flexibility has been added to the requirements so that facilities categorized as Teaching Hospital Cancer Programs (THCP) with smaller caseloads and limited resources can meet the standard by either referring patients needing inpatient medical oncology care to a larger facility with an inpatient medical oncology unit or by establishing a functional equivalent. This modification is most often applicable to VA facilities, but applies to all programs.

Standard 3.6–NCDB Data Submission and Standard 3.7–Data Quality

For those programs due for survey this year, the following clarifications are offered for rating compliance with Standards 3.6 and 3.7. This information also appears in the SAR Training Guide.

Standard 3.6

(1) Compliance:

Previous Call for Data (2002, 1997, 1992, 1987): Facility submitted all analytic cases for requested years by January 9, 2004, or by the extended deadline approved by the NCDB.

AND

Current Call for Data (2003, 1998, 1993, & 1988): Facility submitted all analytic cases for requested years by December 3, 2004, or by the extended deadline approved by the NCDB.

(5) Noncompliance:

Previous Call for Data (2002, 1997, 1992, 1987): Facility did not submit all analytic cases for requested years by January 9, 2004, or by the extended deadline approved by the NCDB.

AND/OR

Current Call for Data (2003, 1998, 1993, & 1988): Facility did not submit all analytic cases for requested years by December 3, 2004, or by the extended deadline approved by the NCDB.

Standard 3.7

(1+) Commendation:

Previous Call for Data (2002, 1997, 1992, 1987): Facility's initial submission of 2002 data was received by January 9, 2004, or the by the extended deadline approved by the NCDB, and contained all analytic cases and was error free.

AND

Current Call for Data (2003, 1998, 1993, & 1988): Facility's initial submission of 2003 data was received by December 3, 2004, or the by the extended deadline approved by the NCDB, and contained all analytic cases and was error free.

(1) Compliance:

Previous Call for Data (2002, 1997, 1992, 1987): Facility's initial submission of 2002 data did not include all analytic cases or cases submitted contained quality errors. A complete submission of analytic records and/or corrected records was received by October 1, 2004, or the extended deadline approved by the NCDB.

AND

Current Call for Data (2003, 1998, 1993, 1988): Facility's initial submission of 2003 data did not include all analytic cases or cases submitted contained quality errors. A complete submission of analytic records and/or corrected records is received by September 1, 2005, or the extended deadline approved by the NCDB.

(5) Noncompliance:

Previous Call for Data (2002, 1997, 1992, 1987): Facility did not submit complete and/or corrected data for 2002 by October 1, 2004, or the extended deadline approved by the NCDB.

AND/OR

Current Call for Data (2003, 1998, 1993, 1988): Facility did not submit complete and/or corrected data for 2003 by September 1, 2005, or the extended deadline approved by the NCDB.

Changes to additional standards outlined below become effective January 1, 2006 and will be detailed in the revised *Cancer Program Standards 2004* that will be issued later this year. This revised volume will also include the modifications approved by the Committee for the VA facilities, pediatric hospitals, pediatric components in larger facilities, and NCI-designated Comprehensive Cancer Center programs. Highlights of the 2006 changes include:

Standard 3.4 and Standard 3.5—Follow-up

The follow-up requirement for patients diagnosed on or after January 1, 2006 that are classified as Class of Case 0 (patients diagnosed at the facility, but referred elsewhere for treatment) will be eliminated.

Standard 4.3—AJCC Staging

The staging requirement for patients diagnosed on or after January 1, 2006 that are classified as Class of Case 0 will be eliminated.

Advanced Nurse Practitioners and Specialized Physician Assistants will be allowed to assign staging and record and sign staging in the medical record with a managing physician co-signature.

The Committee also reviewed the 2004 survey outcomes paying particular attention to the Commendation ratings established in *Cancer Program Standards 2004* that were awarded.

The most common deficiencies identified during surveys in 2004 were related to (in order of frequency) Standard 4.3—AJCC Staging, Standard 2.3—Activity Coordinators, Standard 2.7—Multidisciplinary Cancer Conferences, Standard 2.11—Outcomes Analysis, and Standard 3.7—Data Quality.

Although Standard 4.3—AJCC Staging was identified as the most problematic standard, it should be noted that more than 80 percent of programs were in compliance with this standard and nearly 75 percent received a Commendation rating.

Many deficiencies for Standard 2.3—Activity Coordinators were related to the documentation of coordinator appointment, the appointment of one person to more than one role, or a failure to appoint the Cancer Liaison Physician to the role of Community Outreach Coordinator. Many of these deficiencies were resolved at the facility's next cancer committee meeting. The same is true for Standard 2.7—Multidisciplinary Cancer Conferences, especially in the case of surveys that took place prior to the clarification of the requirements that were published in the June 2004 issue of the *CoC Flash*.

The distribution of Commendation ratings for programs surveyed during 2004 ranged from a high of 90 percent for Standard 6.2—Community Outreach to a low of 21 percent for Standard 4.6—Patient Guidelines.

In general, Commendation ratings were not awarded for Standard 3.3—Abstracting Timeliness and Standard 7.2—Registrar Education because of the abstracting extension given for completion of the

2003 cases related to *FORDS* implementation and due to a revision to the Commendation definition, respectively. Commendations for these standards were awarded on a case by case basis if there was no doubt that the program met the defined expectation.

Additional information on the 2004 survey experience and outcomes are included in the presentation titled *Cancer Program Standards 2004 Year One: Lessons Learned*, located online at <http://www.facs.org/cancer/coc/ncrapresentations.html>.

Committee on Approvals Confirms Criteria for 2005 CoC Outstanding Achievement Award

The Committee on Approvals reviewed the established Commendation criteria for nine standards and voted to use seven of these standards to determine the recipients of the 2005 CoC Outstanding Achievement Award. The standards are:

Standard 2.11–Outcomes Analysis
Standard 3.7–Data Quality
Standard 4.3–AJCC Staging
Standard 4.6–Patient Guidelines
Standard 5.2–Clinical Trial Accrual
Standard 6.2–Prevention and Early Detection Programs
Standard 8.2–Improvements in Care

These standards were also used to determine the 2004 Outstanding Achievement Award. The Committee determined that changes to the SAR would be needed before Standards 3.3 and 7.2 would be included in the Outstanding Achievement Award criteria.

The Committee on Approvals directed the Program Review Subcommittee to coordinate the review of survey outcomes and Commendation ratings awarded and to identify the recipients of the 2005 CoC Outstanding Achievement Award. This will take place in early Spring 2006 following the confirmation of Approval awards for all programs surveyed during 2005.

[See the attached photograph](#) of David Winchester, MD, FACS, Medical Director, Cancer Programs (L), and Frederick Greene, MD, FACS, Commission on Cancer Chair (R) displaying the 2004 Outstanding Achievement Award trophy.

CoC June Meetings

An Information Forum session, which included Commission on Cancer members and State Chairs, was held earlier this month in conjunction with the June Committee Meetings of the Commission. The Forum is used to present cross cutting issues that require the attention of the full membership. This year the agenda included a review of the Commission's current educational initiatives including plans to develop an online education program of Web casts that will launch at the end of this year along with plans to reinstate the Commission on Cancer Annual Conference in 2006.

The chairs of the Approvals, Cancer Liaison, and Quality Integration committees discussed the main priorities for each of their programs in the coming year.

For the Approvals Program:

- Implementing the standard modifications adopted for the VA facilities, pediatric hospitals, pediatric components in larger facilities, and NCI-designated Comprehensive Cancer Center programs.
- Recruitment and retention activities including the launch of a marketing and promotion program to increase the visibility and public understanding of the value of CoC Approval.

For the Cancer Liaison Program:

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Expanding relationships between State Chairs and Cancer Liaison Physicians and the American Cancer Society and the American College of Surgeons Oncology Group.

For Quality Integration/the National Cancer Data Base:

- Expanding the utility of NCDB data as well as the community of users for whom the data would be useful.
- Reorganizing the NCDB committee and staffing structures.

A large portion of the Information Forum consisted of a point/counterpoint discussion about proposed new directions for the CoC that were defined during a strategic planning session held in February with the CoC leadership. A lively debate took place on the pros and cons of:

1. Requiring the reporting of protected health information to the NCDB. (80 percent support)
2. Instituting an annual membership fee for approved programs vs. a survey fee. (55 percent support)
3. Continuing the requirement of "physician" staging in the medical record. (77 percent support)

Finally, the member organization representatives of the Commission were invited to submit reports of their organizations cancer care initiatives. These reports are currently posted in the News and Events section of our Web page at <http://www.facs.org/cancer/index.html>. In August, a complete report of the deliberations from the June Committee Meetings will also be available at this location. Look for more information about the contents of this report in the July issue of the *CoC Flash*.

CoC Meetings to be Held in Conjunction with Clinical Congress

In conjunction with the American College of Surgeons Clinical Congress in San Francisco, CA, the CoC will host its Annual Meetings in October at the Hilton San Francisco. The meeting schedule is as follows:

Sunday, October 16, 2005

Commission on Cancer Annual Meeting
2:00–4:30pm
Grand Ballroom A

Commission on Cancer Reception
4:30–6:00pm
Yosemite A–C

Monday, October 17, 2005

Cancer Liaison Program Meeting
7:00–9:00am
Grand Ballroom A

Meeting invitations and information will be sent **via e-mail** the week of July 4, 2005.

Revised Merged and Network Guidelines Now Online

Guidelines for starting Merged and Network Cancer Programs have been revised and are now available for access and use. The CoC recommends that programs interested in merging or becoming network cancer programs review the appropriate guidelines before starting the programs. Also online are revised Merger and Network Notification forms. All of these documents can be located on the Approvals page at <http://www.facs.org/cancer/coc/approval.html>.

SEER*RX Drug Database Software Now Available

The SEER Program is pleased to announce the availability of SEER*Rx, the cancer registrar's interactive antineoplastic drug database on July 1, 2005. This downloadable database replaces SEER Self-instructional Manual Book 8, Antineoplastic Drugs, effective for cases diagnosed January 1,

2005 and after.

There is NO CHARGE for this program. SEER*Rx can be downloaded from <http://www.seer.cancer.gov/seerrx>. Registration of your e-mail address, name and institution is necessary in order to obtain the password required to download the program to the desktop of your computer. Once you download and install the program on your computer, you do not have to connect to the internet to use it. The information you supply will be used for no other purpose than to maintain an e-mail list that will notify you of updates to the database or changes to the software, which will be approximately every six months.

SEER*Rx allows you to look up the treatment category for over 1600 drugs and the individual treatment categories for the drugs in over 700 regimens. The screen provides information on generic name, brand name, NSC number, drug category and subcategory, cancer sites where the drug is used, and other details, including whether or not the drug should be coded as treatment. As noted, this program replaces the printed Book 8 (published in 1993) and the update to Book 8 issued in May 2002. The categories for a few drugs have changed, notably some monoclonal antibodies such as Avastin, Velcade, Rituxan, Herceptin, and a few others that have been determined to be cytostatic chemotherapy agents rather than traditional immunotherapy. Recoding of these agents for cases diagnosed prior to 2005 is not required or recommended.

US Oncology Releases Video on Community Cancer Care in America

US Oncology has released an 8-minute video on “Community Cancer Care in America” that champions the cancer care that is currently delivered in community settings across the country and focuses on how that care allows patients to remain close to family and friends as they battle this cancer. The video can be used in a variety of educational settings, including public forums or meetings, or to educate state and federal decision makers, the public, and private payors about the importance of community cancer care.

The video can be viewed and ordered from the US Oncology LegisLink Action Center Web site located at <http://www.legislink.com>. This site serves as a community education service of US Oncology—the nation’s largest healthcare services network devoted exclusively to cancer treatment and research. For more information about US Oncology see their Web site at <http://www.usoncology.com>.

Selective Sentinel Lymphadenectomy for Human Solid Cancer

Commission on Cancer member, Stanley P. L. Leong, MD, announces the availability of the new publication titled “Selective Sentinel Lymphadenectomy for Human Solid Cancer” written for the surgeon who wishes to practice or learn about sentinel lymphadenectomy. The book’s 14 chapters offer a comprehensive overview of sentinel node mapping for solid cancers, with meticulous attention to the relative importance of each multidisciplinary component in each cancer. The publication sells for \$139.00 and is available from Springer at <http://www.springeronline.com>.

Spotlight on CoC Member Organization: American College of Physicians (ACP)

The American College of Physicians (ACP) has been a member organization of the Commission on Cancer (CoC) since 1953. The current representative is Philip C. Hoffman, MD, with The University of Chicago.

The ACP was founded in 1915 to promote the science and practice of medicine. In 1998, the ACP merged with the American Society of Internal Medicine (ASIM), which was established in 1956 to study economic aspects of medicine. Known as the ACP-ASIM from 1998 to 2003, the organization re-adopted American College of Physicians as its name in April 2003. This national organization of internists, with about 116,000 members, is the largest group of medical specialists in the United States. Members are physicians in general internal medicine and related subspecialties. ACP members are also involved in medical education, research, and administration.

The ACP’s mission is to enhance the quality and effectiveness of health care by fostering excellence

and professionalism in the practice of medicine. Its goals are numerous and include the establishment and promotion of the highest clinical standards and ethical ideals; being the foremost comprehensive education and information resource for all internists; advocating responsible positions on individual health and on public policy relating to health care for the benefit of the public, its patients, the medical profession, and its members; and serving the professional needs of its membership, supporting healthy lives for physicians, and advancing internal medicine as a career.

To learn more about the goals and initiatives of the ACP, visit its Web site at <http://www.acponline.org>.

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. If you wish to continue to receive the newsletter on a monthly basis, you need do nothing. You can discontinue your subscription by writing to coc@facs.org and requesting that your name be deleted from the database. 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, 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.

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>.

The logo for CoC Flash, featuring the text "CoC Flash" in a bold, italicized, sans-serif font. The "CoC" is in a lighter blue color, and "Flash" is in a darker blue color. The logo is set against a dark blue background with a subtle horizontal line pattern.

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