



CoC Flash

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



May 2005

Highlights for the Month:

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- CoC Partners with the Department of Veterans Affairs
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Commission on Cancer Participates in Legislative Activities

As a member of One Voice Against Cancer (OVAC), the Commission has been working with OVAC partners to urge the Administration and Congress to make funding for cancer research and programs a priority in fiscal year 2006. In March, OVAC held a Lobby Day to push its 2006 appropriations recommendations for the following programs:

- National Institutes of Health-to include the National Cancer Institute and National Center on Minority Health and Health Disparities
- Centers for Disease Control and Prevention-to include Comprehensive Cancer Control, National Program of Cancer Registries, National Breast and Cervical Early Detection Program, Colorectal, Skin, Prostate, Ovarian, and Blood Cancer Prevention and Awareness Campaigns
- Health Resources and Services Administration-to include the Nurse Reinvestment Act

OVAC is a collaboration of more than 40 public interest groups representing the millions of Americans affected by cancer, and was formed in 2000 to urge the Administration and Congress to make funding for cancer research and programs a national priority. The Commission intends to actively participate in the next OVAC Lobby Day in an effort to expand its visibility in the legislative arena. In the meantime, the CoC will develop an informational newsletter about its programs and initiatives for distribution to the members of the Senate Cancer Coalition and the House Cancer Caucus to educate them on CoC activities.

CoC Partners with the Department of Veterans Affairs

Last Fall, CoC and Veterans Administration (VA) representatives met to discuss modifications to the current *Cancer Program Standards 2004* to meet the specific needs of the VA facilities. Recently, a final version of the modified standards was approved by the VA leadership. These modifications are now scheduled for discussion and approval by the CoC's Committee on Approvals during its June meeting.

Following formal approval, these modified standards will be promulgated throughout the VA facilities. Formal implementation will follow with VA cancer program surveys beginning in 2006. A focused Survey Savvy Workshop will be offered to the VA facility cancer program team members in late 2005 or early 2006.

A March 2005 statement issued by the Deputy Undersecretary of Health to the VA Veterans Integrated Service Network (VISN) Directors and Chief Medical Officers, reported that it is the VA's intention to have all VA cancer centers become approved by the CoC. The CoC is pleased to have been able to work with this important group of programs that delivers quality cancer care to our nation's veteran population.

Five More Programs Identified as 2004 Outstanding Achievement Award Recipients

The CoC congratulates five additional programs that have been identified to receive the 2004 Outstanding Achievement Award recognizing programs that excel in providing quality care to cancer patients.

(alphabetical order by state)

VA San Diego Healthcare System, San Diego, CA
Regional West Medical Center, Scottsbluff, NE
Merle West Medical Center, Klamath Falls, OR
Avera St. Luke's Medical Center, Aberdeen, SD
Scott and White Memorial Hospital, Temple, TX

A total of 39 programs surveyed in 2004 have now earned the Outstanding Achievement Award. Forty one percent of the programs are Community Hospital Comprehensive Cancer Programs (COMP), 30 percent are Community Hospital Cancer Programs, and 21 percent are Teaching Hospital Cancer Programs (THCP). Two NCI-designated Comprehensive Cancer Center Programs and one Network Cancer Program also earned the award.

CS Replacement Pages for Version 01.02.00 Available Online Only

Replacement pages for the *Collaborative Staging Manual and Coding Instructions* publication Version 01.02.00 are available in .pdf format for downloading from the CS page of the AJCC Web site at <http://www.cancerstaging.org/cstage/index.html>. Electronic HTML and XML versions of the changed tables are also available.

The replacement pages for Version 01.02.00 are marked with change bars on the left margin of the page, and replacement pages for CS Version 01.01.00 have been incorporated with Version 01.02.00, but they are not marked. Due to the huge number of replacement pages, the .pdf is designed to be printed/copied, double-sided, so the other side of a changed page is included in the files, even if there were no changes on the second side. Furthermore, some of the notes added were extensive and forced parts of the tables to go onto the next page, changing the content of the subsequent pages. However, only a total of four pages were added to the document (two pages in prostate and two pages in thyroid). Page numbering for schemas was otherwise preserved.

E-mail inquiries and questions regarding these replacement pages can be sent to Valerie Vesich, Manager, AJCC, at AJCC@facs.org.

CoC Posts Requirements for Implementing CS Version 01.02.00

Registrars, software providers, and others have identified several problems in the initial release of the CS manual and computer algorithm that are addressed in CS Release 01.02.00. Because the changes affect the integrity of CS staging information already collected, some correction of data already collected is necessary. The technical information necessary for software providers was made available to them in late April, so they could begin incorporating the revisions into their software and develop some automated conversions. The CoC requirements for implementation at the registry level have been posted on the CS Web page at <http://www.cancerstaging.org/cstage/index.html>.

The CoC requires the use of the new codes and instructions for all cases diagnosed in 2005, with a manual review and recoding of some 2005 cases that may already be abstracted. The specific cases are described in the posted document. The CoC recommends reviewing and recoding of CS items for affected cases diagnosed in 2004, *but it will not be required*. When the NCDB collects 2004 cases next fall, they may be submitted either with the revised codes or with any previously published CS

version.

Registry software providers will make the new CS codes available to registries through their standard update procedures. Registries are advised to install the upgrades as soon as possible when they are received and to begin coding new cases using the CS replacement pages. Any review and recoding of previously abstracted cases should follow implementation of the new CS version.

Questions about the CoC requirements should be sent to NCDB@facs.org, or contact Nancy Etzold at 312/202-5339.

CoC-Trained Independent Cancer Consultants

The Commission on Cancer currently has 30 CoC-Trained Independent Cancer Consultants listed on our Web page at <http://www.facs.org/cancer/ctrconsultant.html>. It has been determined that we will **no longer** accept new applications from CTR's interested in our 2005 training program. We plan to revisit the consultant list again in the spring of 2006. We thank those who have made inquiries about this program.

Has Your Facility Released its Level II Data in FIPS?

If your facility is CoC-approved and it has submitted 2003 data to the National Cancer Data Base (NCDB), then your site by stage report (Level II data) is now posted to the Facility Information Profile System (FIPS). Your facility has the option to release this data to the American Cancer Society (ACS) and share your hospital's cancer caseload with the public.

Log on to CoC Datalinks and the FIPS application now, enter the section titled *Cases Reported to the NCDB by Site and Stage*, and indicate your facility's decision to release its Level II cancer caseload data. If your facility has not yet released this data, bring this to your next cancer committee meeting as an item for discussion.

Role of the Cancer Liaison Physician Webconference

Join us for the next Webconference 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.

Date and Time: 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.

September Deadline for Submitting NCDB Corrections Nears

The NCDB thanks the 1,332 programs that have submitted all of their analytic cases for the last Call for Data (2003, 1998, 1993, & 1988). Nearly 70 percent of these programs have completely clean 2003 data on file as of mid-May.

If your program hasn't submitted all of its analytic cases or corrections, what is it waiting for? The September 1, 2005 deadline is right around the corner!

FORDS Recurrence/Cancer Status Clarification

Is it possible for a patient to be cancer free and also have cancer evident?

According to a review of recent NCDB data, some facilities are selecting a curious combination of codes: *Cancer Status* = 2 (cancer evident) **AND** the *Type of First Recurrence* = 00 (became cancer free and never recurred). According to these codes, the patient has cancer evident **and** is free of disease. The problem seems to be that registrars are not clear on how to code these items.

This NCDB review focused on software providers who submitted more than 10,000 cases (2003 & 1998) to the most recent Call for Data. The code combination occurred in both newly accessioned cases and patients who had been followed for five years or more. The NCDB confirmed that no registry software "defaults" to this combination of codes.

Clearing Up the Confusion

Here are some common scenarios and the correct way to code them:

The patient becomes cancer-free and the cancer never recurs.

Type of First Recurrence = 00 (none)

Cancer Status = 1 (no evidence of this tumor)

The patient never became cancer-free.

Type of First Recurrence = 70 (never disease-free)

Cancer Status = 2 (evidence of this tumor)

The patient recurs and has a successful curative treatment.

Type of First Recurrence = Appropriate recurrence codes (04-88)

Cancer Status = 1 (no evidence of this tumor)

The patient recurs and has an unsuccessful treatment.

Type of First Recurrence = Appropriate recurrence codes (04-88)

Cancer Status = 2 (evidence of this tumor)

It is unknown whether the patient ever became cancer-free or had a recurrence.

Type of First Recurrence = 99 (unknown)

Cancer Status = 9 (unknown)

To be sure the *Type of First Recurrence* and *Cancer Status* are coded appropriately, the NCDB has created a new edit. This edit has been added to the standard NAACCR edits available for use on all cases diagnosed. The next errata to *FORDS* includes additional clarifications and reminders for improving the coding consistencies between these two descriptions of the patient's long-term experience with cancer.

Plan Ahead for Fall Workshop Topics

The multiple primary and histology coding rules that are scheduled for implementation in 2006 are one of the hot topics for fall registrar association workshops. To reach the greatest audience possible, the SEER Program, in cooperation with NPCR and other partners (CoC, NCRA, and NAACCR), is planning to train about 100 speakers in early September. A list of those identified to attend the "Train the Trainers" session will be available soon, so that you can contact them as speakers for your workshop.

If you are on the program planning committee for your Fall 2005 and/or Spring 2006 meetings, please consider including this important topic on the agenda. To allow for thorough review of the new materials at your workshop, a three hour (minimum) block of time should be allotted. For further information, please contact April Fritz, Manager of Education and Training at the SEER Program, april.fritz@nih.gov.

SEER and its partners are also planning other educational opportunities for fall 2005 and into 2006, including printed materials, a new Web-based training module, and free Internet-based Webcasts that can be replayed at the registrar's convenience.

American College of Surgeons Launches Bariatric Surgery Center Program

On February 12, 2005, the Board of Regents of the American College of Surgeons voted unanimously to expand its approvals and verification programs to encompass disciplines in addition to cancer and trauma. The Regents specified the development of bariatric surgery centers as the first priority for this expanded effort. After consulting experts in the field, the College staff developed standards, stipulated necessary resources, defined credentialing criteria, and developed verification procedures for establishing a Bariatric Surgery Center Network. The College began accepting applications for

enrollment in the American College of Surgeons Bariatric Surgery Center Network on May 23. Interested individuals can find a description of the program and application information on the ACS Web site at <http://www.facs.org/cqi/bscn/index.html>.

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>.

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