



CoC Flash

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



October 2005

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NEW! *FORDS* Errata 2005 Posted Online

The CoC has posted an errata for *FORDS: Revised for 2004* online at <http://www.facs.org/cancer/coc/fordsmanual.html>. These changes will be effective for cases diagnosed on or after January 1, 2006. If you purchase, or have purchased, a hard copy of the *FORDS* manual, please download the page corrections made since the publication's release in January 2004. For easy page replacement, the errata files are ready to be printed double-sided on three-hole punched paper. The full Manual can be downloaded from the Cancer Programs page of the Web site or a hard copy (without errata) can be ordered for \$30 from the College's publications Web site at <http://www.facs.org/commerce/2004/catsplash.html>.

The most notable changes for the Errata 2005 include:

PRIMARY PAYER AT DIAGNOSIS*

The Allowable Values, Codes, and Definitions have been revised for consistency with Centers for Medicare and Medicaid Services (CMS) usage. (Pages 67 and 68).

COMORBIDITIES AND COMPLICATIONS #7, #8, #9, and #10

These four data items have been added to expand information collected about secondary diagnoses present at diagnosis. (Pages 69-75D).

SYSTEMIC/SURGERY SEQUENCE

This data item has been added to more precisely evaluate the timing of delivery of treatment to a patient. It documents the sequence of systemic therapy and surgical procedures given as part of the first course of treatment. (Pages 183A-183B).

TYPE OF FIRST RECURRENCE

The Instructions for Coding have been expanded to clarify that follow-up of cases for recurrence should continue until the first recurrence is recorded following a disease-free period, even if that is long after first course treatment is complete. (Page 197).

NOTICE: To properly view and print the "highlighted" version of the Errata and the Complete Manual, you **must** have the most recent version of Adobe Acrobat.

***For those who have already downloaded the errata pages, please know that the Label for Code 35 in this data item was revised on October 31, 2005 to read: "Medicaid–Administered through a Managed Care Plan."**

Have Your NCDB Data Been Submitted Yet?

The deadline for initial submission of 1989, 1994, 1999, and 2004 data is Friday, November 18, 2005 or the extended deadline granted by NCDB.

Rejected records and/or cases with quality problems for 2004 cases must be resubmitted to the NCDB by September 1, 2006.

Standard Ratings

For programs being surveyed through September 1, 2006

To earn (1) Compliance for Standard 3.6:

- Initial submission of 2002, 1997, 1992, and 1987 data was received by 1/9/2004 or the extended deadline granted by NCDB
- Initial submission of 2003, 1998, 1993, and 1988 data was received by 12/3/2004 or the extended deadline granted by NCDB
- Initial submission of 2004, 1999, 1994, and 1989 data was received by 11/18/2005 or the extended deadline granted by NCDB.

To earn (1) Compliance for Standard 3.7:

- 2002 corrections were received by 10/1/2004 or the extended deadline granted by NCDB.
- 2003 corrections were received by 9/1/2005 or the extended deadline granted by NCDB.

For programs being surveyed after September 1, 2006

To earn (1) Compliance for Standard 3.7:

- 2002 corrections were received by 10/1/2004 or the extended deadline granted by NCDB.
- 2003 corrections were received by 9/1/2005 or the extended deadline granted by NCDB.
- 2004 corrections were received by 9/1/2006 or the extended deadline granted by NCDB.

To receive (1+) Commendation for Standard 3.7:

- Initial submissions of 2002, 2003, and 2004 data are error-free.

Congress Considering \$100 Million Cut in Cancer Research Funding—Act Now to Tell Them NO!

The U.S. House of Representatives is considering a proposal that would cut cancer research funding by nearly \$100 million. A \$100 million cut to cancer research funding would have a devastating effect on the future of cancer care. It would mean delays in new cancer drugs, new cancer screening, and life-saving cancer treatments. This would be the first time in more than a

decade the federal government has actually reduced its support for cancer research, and it comes at a time when the opportunity for new cancer breakthroughs has never been greater.

Representatives from One Voice Against Cancer, a coalition of more than 40 cancer organizations, are meeting with Members of Congress on *Nov. 1* to let them know it is unacceptable to cut cancer research funding by nearly \$100 million. You can help make sure the message is heard loud and clear on Capitol Hill by calling your Representatives.

Please take two minutes on November 1 or 2 to call your lawmakers at 202-224-3121 and insist they oppose cuts to cancer research funding.

The only chance at avoiding massive cuts is if Representatives hear from thousands of people, just like you. Just a few minutes of your time Nov. 1 or 2 to make a call could help save lives!

Just last month, 92 U.S. Senators and 275 U.S. Representatives signed a letter in support of the Bush Administration's goal to eliminate suffering and death due to cancer by the year 2015. However, this goal will only become a reality if lawmakers take the right steps. Cutting cancer research funding is a step in the wrong direction. While the House is considering a cut, the U.S. Senate has proposed a \$1 billion increase in medical research funding that will lead to increased cancer research. We support this proposal as a step in the right direction. The House of Representatives should take note.

CoC Holds Meetings During the American College of Surgeons Clinical Congress

The Commission on Cancer held its annual meeting on October 16, 2005 in conjunction with the American College of Surgeons Clinical Congress in San Francisco. A Cancer Liaison Program Breakfast Meeting was also held the morning of October 17, 2005. The agendas and related presentations from these two meetings will be available on the Cancer Programs page of the College Web site at <http://www.facs.org/cancer/schedules/meetcon.html>.

The following individuals were elected to leadership positions within the CoC:

A. Marilyn Leitch, MD, FACS, succeeds J. Benton Dupont, MD, FACS as Chair of the Nominating Committee. Dr. Leitch is from the University of Texas Southwestern Medical Center in Dallas.

Jon M. Greif, DO, FACS, succeeds A. Marilyn Leitch, MD, FACS as Chair of the Cancer Liaison Program for a three-year term. Dr. Greif is from the Kaiser Foundation Hospital in San Diego, CA.

Aaron D. Bleznak, MD, FACS, succeeds Dr. Greif as Vice-Chair of the Cancer Liaison Program for a one-year term. Dr. Bleznak is from Lehigh Valley Hospital in Allentown, PA.

Stephen E. Ettinghausen, MD, FACS, succeeds Daniel Kenady, MD, FACS, as Vice-Chair of the Committee on Approvals for a one-year term. Dr. Ettinghausen is from Rochester General Hospital in Rochester, NY.

Dr. Greif will replace Dr. Leitch on the CoC Executive Committee. Executive Committee members attending their first meeting this October included William T. McGivney, PhD, representing the National Comprehensive Cancer Network (NCCN), and Heidi Nelson, MD, FACS, representing the American College of Surgeons Oncology Group (ACOSOG).

State Chairs Recognized for Outstanding Performance

Three State Chairs who exhibited outstanding leadership and made significant contributions to the Liaison Program in 2004 were recognized by the Committee on Cancer Liaison during the recent Cancer Liaison Physician Breakfast Meeting.

Valeriy Moysaenko, MD, FACS, Ohio State Chair, received an award for his consistent and innovative communication methods used for maintaining relationships with the Cancer Liaison Physicians (CLPs). Among his frequent communications to liaisons in Ohio, Dr. Moysaenko sends a monthly newsletter to more than 90 CLPs discussing various CoC and AJCC topics.

Aaron Bleznak, MD, FACS, Pennsylvania Keystone State Chair, received an award for his support and initiation of CoC activities at the state and regional level. Dr. Bleznak represents the CoC on several state groups, provides frequent presentations on the CoC's behalf, and utilizes CoC resources to improve the delivery of care in Pennsylvania.

Jon Greif, DO, FACS, California San Diego State Chair, was honored for his outstanding leadership and collaboration with his local American College of Surgeons Chapter, American Cancer Society (ACS), and state cancer planning team. In addition to his recent appointment as Chair of the Committee on Cancer Liaison and leadership role with California's comprehensive cancer control group, Dr. Greif was recently elected to serve as the ACS California Division president.

Welcome New State Chairs

We're pleased to announce the appointment of two new State Chairs:

Nick Perencevich, MD, FACS, Concord Hospital, Concord, NH

Ankesh Nigam, MD, FACS, Albany Medical Center, Albany, NY

Complementary Recognition Agreement Formalized with JCAHO

The CoC recently executed a formal agreement with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) establishing complementary recognition for each agency's accreditation program in an effort to enhance the availability of health care and accreditation information provided to consumers.

The details of the reciprocal recognition agreement include:

- A CoC Approval designation displayed within the Joint Commission's Web-based Hospital Quality Reports for those CoC facilities that are also accredited by JCAHO. CoC-Approved Cancer Programs will self-report their approval designation on the JCAHO survey application. Upon JCAHO accreditation, the CoC Approval designation will appear in the Accredited Programs section found at the beginning of the Quality Report on the JCAHO Web site (<http://www.jcaho.org>) where information for the General Public currently resides.
- Beginning January 2006, JCAHO accreditation will be displayed within the CoC's "Find an Approved Cancer Program Near You" Web-based search function.

In addition, the CoC is developing a set of discussion points for use by the JCAHO surveyors to recognize and acknowledge facility participation in the CoC Approvals Program and the commitment, on the part of the medical staff, to the provision of high quality cancer care.

Approved Cancer Programs Now Listed in the American Hospital Directory

The American Hospital Directory (<http://www.ahd.com>) provides information about every hospital in the United States, and now includes the CoC Approval designation within the facility profile for each CoC-approved facility. This free Internet service went online in 1996, and today attracts over 6,000 daily visitors.

The general public can use the site to help choose a hospital. Members of the public can look up hospitals by name or location and review individual information profiles. Each profile includes contact information, a summary of services provided, accreditation status, and general operating statistics. There are even Medicare statistics by medical service and top outpatient procedures.

Industry professionals use the site for benchmarking, competitive analysis, and other important activities.

This free service is subsidized by a subscription service that provides professional users with more advanced search capabilities, more detailed information, and the ability to download reports. Data originate from diverse public and private sources and is continually updated as new information becomes available.

Cancer Liaison Physician Role Focuses on Three Main Areas

During the June CoC meetings, the Committee on Cancer Liaison approved a motion that no longer requires the Cancer Liaison Physician (CLP) to serve as the Community Outreach Coordinator as defined in Cancer Program Standard 2.3. A task force of Committee members, State Chairs, and CoC staff was convened to discuss this change and to further clarify the CLP's role.

The Cancer Liaison Task force refined the goals, activities, and strategies for the CLPs, and categorized CLP responsibilities into three main focus areas:

1. To serve as the physician champion within the cancer program

- To obtain and maintain CoC Approval
- To improve clinical practice

2. To serve as the liaison between the CoC and the cancer program

- To promulgate CoC initiatives at the local level

3. To serve as an agent of change in the community

- To develop and strengthen relationships with the ACS

Expectations are that the CLP will complete at least one activity in each of the three focus areas each year during his/her three-year term. Revised information has been posted on the Web site at <http://www.facs.org/cancer/coc/liaison.html> and includes an overview of the CLP role, a set of detailed activities and strategies to support the three focus areas, and a checklist on how to get started in the CLP role. These documents provide the CLP with options and the flexibility to become involved where there is the most need and the best fit within his/her own cancer program. CLPs are not required to complete all documented tasks, and can share activities listed here with other members of the cancer committee.

The Cancer Liaison Physician Activity Report, part of the Survey Application Record (SAR), has been revised for 2006 to better reflect the responsibilities of the CLP. The 22-item questionnaire assesses the CLP's performance, needs, and satisfaction with the role. A sample of the Report is located on the Web site at <http://www.facs.org/cancer/coc/liaison.html>.

Role of the Cancer Liaison Physician Web Conference

The role of the Cancer Liaison Physician has been clarified. Join us on the next Web conference to better understand the responsibilities of the Cancer Liaison Physician. All Web conferences are offered on **Central Time** (CT).

Thursday, December 8, 2005— 9:00am to 10:00am

Wednesday, February 8, 2006—4:00pm to 5:00pm

Tuesday, April 4, 2006—9:00am to 10:00am

Thursday, June 8, 2006—5:00pm to 6:00pm

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. We look forward to your participation.

Comprehensive Cancer Control Leadership Institutes Phase III

The CoC continues to participate in the development of the Comprehensive Cancer Control Leadership Institutes (CCCLI)—two and a half-day summits that assist states in providing resources and strategies to implement state cancer plans—along with the Centers for Disease Control and Prevention (CDC), National Cancer Institute (NCI), American Cancer Society (ACS), and C-Change. A pilot (test-run) of the program for Phase III of the CCCLIs will be held in Atlanta, GA on November 14–16, 2005. Phase III Institutes will be conducted during 2006 for all states, territories, and sixteen tribes. There will be four Institutes conducted regionally in the United States.

Phase III Institutes will focus on moving the state cancer plan from planning to implementation. It is imperative that states continue their momentum after developing a cancer plan and seamlessly move into implementation. There are currently 34 states with state cancer plans, and by mid-2006, almost

50 states will have plans and be ready for the process of implementation. The goal is to have all states, territories, and some tribes well on their way to implementing their comprehensive cancer control plans by the end of 2006 .

Phase III Institutes will deliver six specific content modules that are aligned with the most common state implementation content areas:

- Access to quality care—Palliation
- Clinical trials access and accrual
- Tobacco control
- Survivorship
- Workforce/leadership development
- Colorectal cancer screening

The CoC continues to support comprehensive cancer control efforts through State Chair and Cancer Liaison Physician involvement in the state cancer plans—setting priorities and implementing activities in the community.

2005 Membership Changes for the AJCC

The following individuals were appointed to membership on the American Joint Committee on Cancer (AJCC) during the Annual Meeting held on September 17, 2005, in Chicago, IL:

H. Richard Alexander, Jr., MD, representing the National Cancer Institute

James O. Armitage, MD, University of Nebraska Medical Center, representing the American Society of Clinical Oncology. Dr. Armitage has also been appointed to the AJCC Executive Committee

Julio E. Garcia-Aguilar, MD, PhD, University of California, San Francisco, representing the American Society of Colon and Rectal Surgeons

Joseph C. Presti, Jr., MD, Stanford University Medical Center, representing the American Urological Society

Cynthia Boudreaux, LPN, CTR, New Orleans, LA, representing the National Cancer Registrars Association

Richard M. Goldberg, MD, University of North Carolina, representing the American College of Physicians

Colleen G. Sherman, RHIA, CTR, New York State Cancer Registry, representing the North American Association of Central Cancer Registries

Gustavo C. Rodriguez, MD, Evanston Northwestern Healthcare, representing the Society of Gynecologic Oncologists

AJCC Cancer Staging Manual 7th Edition

Preparations are underway for the 2009 publication of the 7th Edition of the *AJCC Cancer Staging Manual*. The AJCC is pleased to announce that Stephen B. Edge, MD, FACS, Roswell Park Cancer Institute, will serve as editor.

In addition, the AJCC welcomes the following individuals as site-specific Task Force Chairs for the 7th Edition:

Daniel F. Hayes, MD, University of Michigan—Breast Task Force

J. Milburn Jessup, MD, PhD, Georgetown University Medical Center—Hindgut Task Force

Edward Laws, MD, University of Virginia—Central Nervous System Task Force

Sam Chang, MD, Vanderbilt University Medical Center—Genitourinary Task Force

Peyton T. Taylor, Jr., MD, FACS, University of Virginia—Gynecologic Task Force

Charles M. Balch, MD, FACS, American Society of Clinical Oncology—Melanoma Task Force

Arthur Sober, MD, Massachusetts General Hospital—Non-Melanoma Skin Task Force

Jatin Shah, MD, FACS, Memorial Sloan-Kettering Cancer Center—Head and Neck Task Force

Michael Simon, MD, FACS, University of Chicago—Bone Task Force

Paul Finger, MD, FACS, The New York Ophthalmic Oncology Center—Ophthalmic Task Force

James O. Armitage, MD, University of Nebraska Medical Center and **Bruce B. Cheson, MD, FACP**,

Georgetown University–Co-Chairs Lymphoma Task Force
Kay Washington, MD, PhD, Vanderbilt University Medical Center–Foregut Task Force
Raphael Pollock, MD, University of Texas MD Anderson Cancer Center–Soft Tissue Sarcoma Task Force
Valerie W. Rusch, MD, FACS, Memorial Sloan-Kettering Cancer Center–Lung and Esophagus Task Force
Jean-Nicholas Vauthey, MD, FACS, University of Texas MD Anderson Cancer Center–Hepatobiliary Task Force
Seng-Jaw Soong, PhD, University of Alabama at Birmingham–Statistics Task Force

Collaborative Staging Manual Update

Replacement pages for the [Collaborative Staging Manual Part I, Version 01.00.00](#), incorporating minor page corrections through July 15, 2005, are now available on the AJCC Web site at <http://www.cancerstaging.org>.

Inquiry and Response (I&R) Questions for the Month

Question: A patient had a benign brain tumor that was sequenced 60. Several years later, the patient was diagnosed with lung cancer. That case was assigned a sequence 00. For a second new malignant lung cancer diagnosis, does this become sequence 02 or 03, third primary, but second malignancy? What happens if there is another benign case intermixed with more malignancies?

Answer: Benign and malignant cases are not sequenced together. The single benign brain tumor would be a sequence 60. The first lung primary would initially be sequence 00. With the diagnosis of the second lung cancer, the first malignant primary sequence number would be changed to 01, and the second malignant primary sequence number would be 02. If the patient developed another benign brain primary, the initial non-malignant brain tumor becomes sequence 61, and the second non-malignant brain tumor is sequence 62.

Question: With the implementation of *FORDS* 2003, we made all of our Class of Case 6 cases reportable-by-agreement. Do we need to change the sequence numbers to 60? *FORDS* states that all reportable-by-agreement cases should be sequenced 60, 61, etc.

Answer: Use sequence numbers 00, 01, 02, etc. for malignant cases. Use sequence numbers 00–35 for analytic and non-analytic cases with reportable histologies. Use sequence numbers 60, 61, etc. for benign cases regardless of their Class of Case.

Spotlight on the American College of Surgeons Oncology Group (ACOSOG)

The CoC maintains a strong alliance with the American College of Surgeons Oncology Group (ACOSOG). Heidi Nelson, MD, FACS, of the Mayo Clinic, Rochester, MN, and co-chair of ACOSOG, has been appointed to serve as the official ACOSOG liaison to the CoC and its Executive Committee.

The ACOSOG, established in 1993, now has more than 1,900 members that include general and specialty surgeons, representatives of related oncologic disciplines and allied health professionals in academic medical centers and community practices throughout the US and internationally. It is one of ten cooperative groups funded by the National Cancer Institute (NCI) to develop and coordinate multi-institutional clinical trials and is the only cooperative group whose primary focus is the surgical management of patients with malignant solid tumors.

ACOSOG was initially based at the American College of Surgeons' office in Chicago, but operations were moved to the Duke University Medical Center in January 2001. This move allowed the group to form an association with a strong academic environment and excellent faculties in biostatistics, surgery, and clinical trials research, particularly with the Duke Clinical Research Institute.

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

Great American Smoke Out

Each November for the past 28 years, the American Cancer Society has designated the third Thursday to help smokers quit cigarettes for at least one day, hoping they will choose to quit forever! This year's event will be held on Thursday, November 17, 2005.

To find activities in your state or to start a Smoke Out activity in your area, contact the American Cancer Society at (800) ACS-2345 or <http://www.cancer.org>

Smoking cessation programs are acceptable for meeting Standard 6.2 (prevention activities).

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 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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