



Commission  
on Cancer

# Flash



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

**October 2007**

## **Highlights for the Month:**

- Collaborative Staging Manual Version 01.04.00 Released
- NCDB Call for Data Reaching Final Stages
- CoC Members and Member Organization Representatives Recently Appointed
- State Chairs Honored at Cancer Liaison Physician Breakfast
- NEW! Call for Abstracts: Commission on Cancer Paper Competition
- NCDB Benchmark, CP<sup>3</sup>R, and e-QuIP Web Reports Updated
- 2007 CoC Web Conference Series Wraps Up
- Role of the CLP Web Conference to be Held December 6
- Become a Member of ACS CAN
- CoC Consultants: Not Just for New Programs
- Special Study on Staging to be Conducted by CoC and AJCC
- New Look for the AJCC Web Site Debuts
- AJCC Leadership Changes Announced
- IOM Study on Psychosocial Services for Cancer Patients Released
- NCI to Hold Forums on Best Practices for Biospecimen Resources
- Reformatted Benign Brain and CNS Rules Available
- NAACCR Offers Training Opportunities

## **Collaborative Staging Manual Version 01.04.00 Released**

The Collaborative Staging Task Force announced the release of Collaborative Staging (CS) version 01.04.00 earlier today, October 31, 2007. The CS Task Force resolved issues and enhanced the documentation to improve the quality of data collection. The task force extended its appreciation to those who identified issues.

All files for this release, including the CoC requirements for accredited programs, can be downloaded from the CS Web page at <http://www.cancerstaging.org/cstage/index.html>.

The new, complete *Collaborative Staging and Coding Manual* may be downloaded and saved to your computer for use in daily abstracting. The new version includes, for the first time, Parts I and II in the same file for ease of use. It has been set up so that you can add your own comments and highlight various areas of text on the pages to personalize your copy for ease in use. You can also type in a word or phrase to quickly locate a particular rule. Replacement pages are also available.

General questions regarding the CS release can be submitted to Donna Gress, RHIT, CTR, AJCC Technical Specialist at [AJCC@facs.org](mailto:AJCC@facs.org). All technical and coding questions regarding CS should be submitted to the Inquiry and Response System at <http://web.facs.org/coc/default.htm>.

## **NCDB Call for Data Reaching Final Stages**

Cancer programs are reminded that initial submission of all cases requested by the annual NCDB Call for Data for submission years 2006, 2001, 1996, 1991, and 1986 are due Friday, November 2. First submissions time-stamped after that date will be identified as late unless a submission deadline extension has been granted. Programs with rejected records or edit problems are encouraged to submit corrections as soon as possible. Rejected records and records with edit problems must be corrected and resubmitted by June 1, 2008, for all cases diagnosed in 2006 or diagnosed prior to 2006 and first seen that year. No extensions will be granted for resubmissions of Call for Data corrections.

As a reminder, the new NAACCR v11.1B Metafile Online Help has descriptions of all standard edits and a section that describes the few NCDB-written edits used in the NCDB Call for Data as well as full copies of FORDS, the SEER Coding Manual, the NAACCR Volume II data dictionary, Collaborative Staging, and portions of ICD-O-3 built in. Links from the edit descriptions connect to the item definitions in the coding manuals. Easy desktop access is always available. NAACCR v11.1B Metafile Online Help is posted at [http://www.naacr.org/index.asp?Col\\_SectionKey=7&Col\\_ContentID=136](http://www.naacr.org/index.asp?Col_SectionKey=7&Col_ContentID=136). The posted file is an installation file. Download it to your desktop, then double-click on the downloaded file to begin installation. Once installed, double-click on the NAACCR v11.1B Metafile Online Help icon that will be placed on the computer's desktop. When the program opens, you can expand the options by clicking on the "books" in the left margin. The NCDB thanks NPCR for their production of this most useful tool.

The NCDB has noted that some registrars are coding Archive FIN incorrectly. For facilities were not part of a merger in 2003 or more recently, and facilities that are not part of a network, the Archive FIN is always the same as the facility FIN. For merged and networked facilities, Archive FIN can only be the same as any of the FINs for the facilities that comprised the merger or network. NCDB uses Archive FIN to track submitted cases; an incorrect Archive FIN can cause cases to be credited to an incorrect facility, or to be rejected if it does not match any CoC-defined FIN. Registrars are encouraged to check carefully that no extraneous values are in their data.

For questions, contact the NCDB at [NCDB@facs.org](mailto:NCDB@facs.org).

## **CoC Members and Member Organization Representatives Recently Appointed**

The CoC is pleased to welcome the following individuals who were appointed to membership by the CoC at its Annual Meeting, which was held on October 7, 2007 in New Orleans, LA.

### **Representing the Fellowship for a Three-Year Term are:**

**Harry Bear, MD, FACS**, Medical College of Virginia Hospitals; Richmond, VA  
**Lisa Bailey, MD, FACS**, Bay Area Breast Surgeons; Berkeley, CA and Summit Medical Center; Oakland, CA  
**Daniel McKellar, MD, FACS**, Good Samaritan Hospital; Dayton, OH  
**Robert Piorkowski, MD, FACS**, Connecticut Surgical Group and Hartford Hospital; Hartford, CT  
**Phillip Roland, MD, FACS**, Lee Memorial Health System; Fort Myers, FL  
**Robert Sticca, MD, FACS**, University of North Dakota SOM&HS and Altru Health System; Grand Forks, ND  
**Thomas Tachovsky, MD, FACS**, Palmerton Hospital; Palmerton, PA  
**David J. Winchester, MD, FACS**, Evanston Hospital; Evanston, IL

### **Representing Member Organizations for a Three-Year Term are:**

**American Academy of Hospice and Palliative Medicine**—Geoffrey Dunn, MD, FACS, Hamot Medical Center; Erie, PA  
**American Academy of Pediatrics**—Jed Nuchtern, MD, FAAP, Texas Children's Hospital; Houston, TX  
**American Cancer Society**—Otis Brawley, MD, American Cancer Society; Atlanta, GA

**American College of Obstetricians and Gynecologists**—Jonathan Berek, MD, FACS, Stanford University School of Medicine; Stanford, CA

**American College of Radiology**—Michael Zalis, MD, Massachusetts General Hospital; Boston, MA

**American Urological Association**—David Penson, MD, FACS, University of Southern California/Norris Cancer Center; Los Angeles, CA

**National Cancer Institute**—Steven Libutti, MD, FACS, National Cancer Institute; Bethesda, MD

**National Cancer Registrars Association**—Deborah Dickerson, RHIT, CTR, Mainline Health-Paoli Hospital; Paoli, PA

In addition, the following individuals were elected to leadership positions:

**Stephen Edge, MD, FACS**, Chair-Elect, Commission on Cancer; Roswell Park Cancer Institute; Buffalo, NY; for a one-year term

**John Kennedy, MD, FACS**, Chair, Quality Integration Committee; DeKalb Medical Center; Decatur, GA; for a three-year term

**Christopher Pezzi, MD, FACS**, Vice-Chair, Quality Integration Committee; Abington Memorial Hospital; Abington, PA; for a one-year term

### State Chairs Honored at Cancer Liaison Physician Breakfast

The Committee on Cancer Liaison honored three State Chairs who exhibited outstanding performance and made significant contributions to the Liaison Program in 2006. The State Chair Outstanding Performance Awards recognize individuals who provide extensive leadership and support to their physician volunteers and cancer programs in the state. They are collaborators, innovators, and experts working with cancer programs, professionals, community organizations, and state coalitions to improve the quality of cancer care. The following State Chairs were recognized during the Cancer Liaison Physician Breakfast Meeting on Monday, October 8, 2007.

**Arnold Baskies, MD, FACS**, New Jersey State Chair, received an award for his consistent and innovative communication methods used for maintaining relationships with the Cancer Liaison Physicians (CLPs). Through his frequent communications with liaisons in New Jersey, Dr. Baskies keeps CLPs apprised of cancer-related issues including legislative updates and continuing education opportunities in New Jersey. As Chair of the Task Force on Prevention, Early Detection, and Treatment in New Jersey, Dr. Baskies also extends himself to actively involve CLPs in the implementation of state cancer plan activities.

**Phillip Roland, MD, FACS**, Florida State Chair, received an award for his support and initiation of CoC activities at the state and regional level. Dr. Roland is a CoC Ambassador, selected to actively recruit programs into the CoC Approvals Program. He also actively represents the CoC on various cancer-related task forces, including the Florida Cancer Control and Research Advisory Board. Dr. Roland extends himself to promote partnerships with groups such as the registry community, and utilizes CoC resources to improve the delivery of care in Florida.

**Michael Vezeridis, MD, FACS**, Rhode Island State Chair, was honored for his outstanding leadership and extensive collaboration with the American Cancer Society (ACS). He is a member of the ACS International Affairs Advisory Committee to address issues of access to care. He served on the ACS New England Division Board for eight years and as Chief Medical Officer for two years. In addition to serving as an ACS Celebration on the Hill Ambassador advocating positive state and local legislation in support of cancer research, prevention, and treatment, he is a member of the Rhode Island Advisory Committee on Policy and Advocacy and a member of the Rhode Island Grassroots Advocacy Board.

Drs. Baskies, Roland, and Vezeridis are true leaders in the cancer community and are examples to be emulated to improve the delivery of cancer care nationwide. Their commitment to grooming

clinical champions, creating partnerships, and advocating for change are characteristics the CoC deeply values and appreciates.

**NEW! Call for Abstracts: Commission on Cancer Paper Competition**

Announcing the opening of the 2008 Call for Abstracts for the Commission on Cancer Paper Competition. The competition is open to general surgery residents, surgical specialty residents, subspecialty 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 three-page abstract to the CoC Office 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 14 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 winning residents and/or fellows of the national competition will receive a \$1,000 award and present at 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.

More information on the Commission on Cancer Paper Competition will be available soon at <http://www.facs.org/cancer/cannews.html>.

## **NCDB Benchmark, CP<sup>3</sup>R, and e-QulP Web Reports Updated**

During the first week of October, the NCDB updated the Hospital Comparison Benchmark Reports and the CP<sup>3</sup>R for Stage III Colon Cancer to include 2005 cases, and introduced a new Survival Reports application for use by CoC-accredited cancer programs. Later this month the Breast and Colorectal e-QulP reports were updated to include 2005 diagnoses and the appearance of the reports was modified to improve clarity of interpretation. Be sure to review the *Navigation and Interpretation Guide* documents available to users of these applications. In addition, users should be aware of the following changes:

- The performance rates shown in the October 2007 update of the Breast e-QulP are evolving toward the exact specifications of the breast cancer care measures endorsed by the National Quality Forum (NQF) in April 2007. As a result, if radiation therapy is considered, but not administered to a patient <70 years of age who underwent breast conserving surgery, then the case is considered non-concordant for the purposes of measure assessment. The other breast measures continue to recognize considered, but not administered, therapy as an acceptable indicator of expected management of patients eligible for multi-agent chemotherapy or hormone therapy, depending upon the measure under consideration.
- Each case is evaluated independently for each measure. Some breast cancer cases that undergo breast conserving surgery and have tumors over 1cm in size may be assessed in two measures, depending upon their hormone receptor status (in the October 2006 release of the Breast e-QulP reports, cases that were assessed for more than one measure were held to the standard of concordance with both measures).
- To aid interpretation and reconciliation, descriptive labels have been added to the Breast e-QulP case listing reports to make it easier for users to determine why a case may require review or has been considered incomplete or is not applicable for a specific measure.
- Users may sort case listings to ease or speed interpretation of the displayed information by clicking on "SORT" appearing above any of the listed variables.
- Note that dates recording the start of radiation therapy, chemotherapy, and hormone therapy have been added to the case listings. Since the e-QulP reporting applications will continue to evolve toward the exact specifications of the measures endorsed by the NQF, it is critical that these dates be reviewed and verified as a number of the measures specify a period of time within which adjuvant therapy is expected to be initiated.

Be sure to review the NQF endorsed measure specifications, they can be located at <http://www.facs.org/cancer/qualitymeasures.html>. Should you have any questions, please contact the NCDB staff at [NCDB@facs.org](mailto:NCDB@facs.org).

## **2007 CoC Web Conference Series Wraps Up**

The CoC will host a new program in November that will be open to all audiences. See our Web site at <http://www.facs.org/cancer/coc/coceduc.html> for the most up-to-date course objectives and participant information. The Web conference can accommodate an unlimited number of participants.

### **Survey Pitfalls—Preventing Common Program Deficiencies**

Date: November 16, 2007

Time: 11:00am (ET); 10:00am (CT); 9:00am (MT); 8:00am (PT)

- Please note that dial-in information may change. Plan to consult the CoC Web site the day of the Web conference to confirm the information.
- The CoC, or 'Moderator,' will connect to the program 10 minutes prior to the start time listed. It is not necessary for you to dial-in more than 15 minutes before the program is to begin.
- A printable handout copy of the presentation is made available online the day before each Web conference.

## **Role of the CLP Web Conference to be Held December 6**

Join us for the last CLP Web conference in 2007 to get a better understanding of the activities of the CLP.

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

Date: Thursday, December 6, 2007

Time: 10:00am (ET); 9:00am (CT); 8:00am (MT); 7:00am (PT)

Facilitator: David Sheldon, MD, FACS, Pennsylvania State Chair

See our Web site at <http://www.facs.org/cancer/coc/clpwebconferences.html> for participation instructions. If you have questions, please contact Carolyn Jones at (312) 202-5183 or [cjones@facs.org](mailto:cjones@facs.org).

## **Become a Member of ACS CAN**

The Committee on Cancer Liaison has set five focus areas for the Cancer Liaison Physicians in 2007 and 2008. Working with the American Cancer Society Cancer Action Network (ACS CAN) in the area of legislative and regulatory advocacy is one of these activities. As a professional interested and passionate about cancer care, you can also stay informed and make an impact on legislation. Become a member of ACS CAN.

The American Cancer Society Cancer Action Network is the not-for-profit, non-partisan sister advocacy organization of the American Cancer Society. ACS CAN is dedicated to eliminating cancer as a major public health problem through voter education and issue campaigns aimed at influencing candidates and lawmakers to support laws and policies that will help people fight cancer.

Among other activities, ACS CAN will:

- Engage in more active lobbying and public policy efforts on cancer issues for our constituents.

- Educate the public and media more directly.
- Hold our lawmakers accountable for their votes on cancer issues.
- Create and distribute voter guides on specific health-related issues to volunteers and donors.
- Host debates, town forums, and other events where candidate views on issues are tested and discussed

Members of the CoC community can join ACS CAN by going to <http://www.acscan.org>. The cost of membership is \$10.00, and is payable online via credit card. By becoming a member of ACS CAN, you will help in advocacy efforts on behalf of cancer patients, cancer survivors, and others who have been touched by cancer.

## **CoC Consultants: Not Just for New Programs**

Did you know that the CoC encourages use of a CoC consult at any time during a triennial cycle to evaluate compliance with the standards? Consider this educational option to tune-up your cancer program!

A complete list of CoC-trained consultants is available at <http://www.facs.org/cancer/ctrconsultant.html>.

## **Special Study on Staging to be Conducted by CoC and AJCC**

The CoC and AJCC will undertake a special study for 2007 on the "Impact of Neoadjuvant Therapy on Staging for Rectal and Breast Cancer Cases." The study will focus on the collection of clinical stage prior to neoadjuvant therapy and the extent of disease following neoadjuvant therapy/surgery to assess the degree of response.

Participation in this study is required for programs that are selected by the CoC based on the study criteria, and it will fulfill the requirements for meeting Standard 3.8 related to CoC special studies. As with past studies, information about the number of cases identified for the program, the submission date, and the program's response will appear in the Survey Application Record (SAR) for evaluation during the next survey.

Registrars will be asked to complete only those data elements necessary to determine the stage before and after treatment, not all 15 Collaborative Staging (CS) data elements. For breast this will include six data elements to determine the stage before treatment, and eight data elements to determine the stage following treatment/surgery. For rectum, this will include five data elements before treatment, and six data elements following treatment.

More information will be available when the study is launched in the upcoming weeks. Questions should be directed to the AJCC at [AJCC@facs.org](mailto:AJCC@facs.org), or to Donna Gress, RHIT, CTR, AJCC Technical Specialist at [dgress@facs.org](mailto:dgress@facs.org).

## **New Look for the AJCC Web Site Debuts**

The [AJCC Web site](#) has been updated to feature a more modern look and reorganized for ease of navigation! In the near future, past editions of the *AJCC Cancer Staging Manual* will be made available on the Web site for download at no charge.

We hope you will take a few moments and check out the updated site.

## **AJCC Leadership Changes Announced**

The following individuals were appointed to AJCC leadership positions at the AJCC Annual

Meeting, which was held on September 28-29, 2007, in Chicago, IL.

**Stephen B. Edge, MD, FACS** was appointed Chair of the AJCC. Dr. Edge is a breast surgeon from Roswell Park Cancer Institute, Buffalo, New York. Dr. Edge is also the chair of the Collaborative Staging Task Force. He has been the interim chair of the AJCC since late 2006.

**Carolyn C. Compton, MD, PhD** was appointed Vice-Chair. Dr. Compton is the Director of the Office of Biorepositories and Biospecimen Research at the National Cancer Institute, Bethesda, Maryland. She is also the chair of the AJCC Education and Promotions Task Force.

## **IOM Study on Psychosocial Services for Cancer Patients Released**

A new study commissioned by the National Institutes of Health (NIH), asked the Institute of Medicine (IOM) to examine the delivery of psychosocial services to cancer patients and their families and identify ways to improve it. While cancer care today often provides state-of-the-science biomedical treatment, it fails to address the many psychological and (psychosocial) problems that can weaken adherence to prescribed treatments and threaten patients' return to health. These problems include:

- patients' lack of information or skills needed to manage the illness
- anxiety, depression, or other emotional problems
- lack of transportation or other resources
- disruptions in work, school, and family life cause additional suffering

All patients with cancer and their families should expect and receive cancer care that ensures the provision of appropriate psychosocial health services. This report recommends 10 actions that oncology providers, health policy makers, educators, health insurers, health plans, quality oversight organizations, researchers and research sponsors, and consumer advocates should undertake to ensure that this standard is met.

The IOM report is available online at <http://www.iom.edu/cancerwholecare>. On November 7, 2007, a Webcast of the upcoming public presentation of the report in Washington DC will be available through <http://www.nas.edu>.

## **NCI to Hold Forums on Best Practices for Biospecimen Resources**

The National Cancer Institute (NCI) is holding a series of public forums about the NCI Best Practices for Biospecimen Resources, which offer technical, operational, ethical, legal, and policy principles for biospecimen resources. The purpose of these forums is to educate and obtain feedback about the NCI Best Practices from a broad range of perspectives, including that of investigators, physicians, industry representatives, hospital administrators, cancer survivors, patient advocates, and the general public. These forums will be held on November 5, 2007 in Boston, Massachusetts and December 3, 2007 in Chicago, Illinois and feature expert presentations and interactive discussions. Attendance is free and open to the public. For more information, visit <http://www.nci-bestpractices-forum.com/>.

## **Reformatted Benign Brain and CNS Rules Available**

Reformatted versions of the Benign Brain and CNS Rules have been developed by NCI SEER and approved by the Registry Operations Committee (ROC) of NAACCR. The rules have not been changed, they are only presented in a different way. The rules are available for downloading at [http://seer.cancer.gov/tools/mphrules/benign\\_brain.html](http://seer.cancer.gov/tools/mphrules/benign_brain.html).

You will find a set of Equivalent Terms and Definitions as well as the rules in all three formats: text, matrix, and flowchart.

## NAACCR Offers Training Opportunities

### *Webinar Series*

Registration for individual Webinars in both the hospital and central registry series is now open. The schedule, topics, and registration can be accessed from the NAACCR Web site, <http://www.naacccr.org>. The next hospital registry Webinar, Abstracting Gynecologic Cancer Incidence and Treatment Data, is scheduled for November 8, 2008. Recordings of all Webinars are also available for purchase.

### *In-person Training*

Cancer Surveillance Institute I (CSI I): Principles and Public Health Applications

CSI I is a workshop for cancer registry professionals who want to learn how to address questions, interpretations and appropriate uses of cancer surveillance data. The workshop will be presented January 15-18, 2008 in Charleston, SC. SEER\*Stat will be presented prior to CSI I on January 14, 2008 for those who want it. Course description, agenda, and registration form can be accessed from the NAACCR Web site.

## 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>.

## 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.

## SAVE the DATE

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



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633 N Saint Clair St, Chicago, IL 60611-3211