



CoC Flash

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



October 2004

Highlights for the Month:

- CoC and Cancer Liaison Physician Meetings Wrap-up: New Members, Agendas, Presentations on Web
- CoC Executive Committee Modifies Standard 4.3
- Reminder: NCDB is Now Accepting Call for Data Submissions
- NCDB and Registry Software Providers Combine Efforts to Make This Fall's NCDB Call for Data a Success
- The CoC's Role in Comprehensive Cancer Control State Planning
- CoC Welcomes New State Chair
- New Additions to the CoC's Surveyor Team
- Only Two Web Conferences Remaining in 2004
- National Quality Forum Cancer Standards Program
- Spotlight on CoC Member Organization: Association of Community Cancer Centers (ACCC)

CoC and Cancer Liaison Physician Meetings Wrap-up: New Members, Agendas, Presentations on Web

New Members: The following individuals were appointed to membership on the Commission on Cancer at its Annual Meeting, which was held on October 10, 2004.

Representing the Fellowship of the American College of Surgeons:

Aaron D. Bleznak, MD, FACS, John & Dorothy Morgan Cancer Center, Allentown, PA
Stephen E. Ettinghausen, MD, FACS, Rochester General Hospital, Rochester, NY
Jon M. Greif, DO, FACS, Kaiser Permanente Medical Group, San Diego, CA

Representing Member Organizations:

Ellen B. Mendelson, MD, Northwestern Memorial Hospital, Chicago, IL - American College of Radiology

Kim Robien, PhD, RD, FADA, CNSD, Fred Hutchinson Cancer Research Center, Seattle, WA - American Dietetic Association

Roxanne Kelley, CCS, CTR, Rogue Valley Medical Center, Medford, OR - National Cancer Registrars Association

Katherine Schneider, MPH, CGC, Dana-Farber Cancer Institute, Boston, MA - National Society of Genetic Counselors

Maureen A. Killackey, MD, FACS, Bassett Healthcare Regional Cancer Program, Chatham, NY - Society of Gynecologic Oncologists

Francis C. Nichols III, MD, FACS, Mayo Clinic, Rochester, MN - Society of Thoracic Surgeons

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

CoC-Chair (two-year term): Frederick L. Greene, MD, FACS, Carolinas Medical Center,

Charlotte, NC

Quality Integration Committee Chair (three-year term): Stephen B. Edge, MD, FACS, Roswell Park Cancer Institute, Buffalo, NY

Quality Integration Committee Vice-Chair(one-year term): Richard S. Swanson, MD, FACS, Brigham and Women's Hospital, Boston, MA

Agendas with Presentations on Web: Highlights of the CoC Annual Meeting and Cancer Liaison Physician Meeting are available. To review the agendas and presentations from the October 10 and 11, 2004 meetings held in New Orleans, please see our Web site at <http://www.facs.org/cancer/schedules/meetcon.html>.

CoC Executive Committee Modifies Standard 4.3

In response to a variety of concerns from CoC-approved cancer programs, the Executive Committee of the CoC has reviewed and decided to modify Standard 4.3.

Currently, Standard 4.3 reads-AJCC staging is assigned by the managing physician and recorded on a staging form in the medical record on 90 percent of eligible analytic cases.

Problem:The requirement for staging to appear on a form in the medical record was established to assist the physician with correctly assigning stage by providing staging details for each site and to standardize the location for staging within the medical record; thereby simplifying the monitoring of compliance with the standard by both programs and cancer program surveyors. Not considered at the time Standard 4.3 was established was the impact of requiring a staging form in many facilities.

Action: The CoC Executive Committee voted to modify Standard 4.3 as follows:

AJCC staging (T, N, M elements and Stage Group) is assigned by the managing physician and recorded in a standardized location(s) in the medical record on 90 percent of eligible analytic cases.

The definition and requirement for the standard will now include the following statement: "The cancer committee develops a staging policy and procedure and works cooperatively with other facility committees or departments to establish a standardized location(s) for staging to be recorded in the facility's medical record. The standardized location(s) is documented in the facility's AJCC Staging Policy and Procedure."

There is no change to the statement currently in *Cancer Program Standards 2004*, "Use of the AJCC staging forms is highly recommended."

This change enables facility-based flexibility, but still achieves the overall goal which is to standardize the location(s) for staging information. The change in this standard will be effective January 1, 2005, to allow programs adequate time to modify their AJCC Staging Policy and Procedure.

2005 Ratings Modifications for Standard 4.3

For surveys performed in 2005:

In each case, the rating definition will be modified to replace the reference to the staging form.

Rate (1+) Commendation: The managing physician assigns AJCC staging and records it in a standardized location(s) in the medical record for more than 95% of eligible analytic cases.

Rate (1) Compliance: The managing physician assigns AJCC staging and records it in a standardized location(s) in the medical record for 90 percent of eligible analytic cases.

Rate (5) Noncompliance: The managing physician assigns AJCC staging and records it in a standardized location(s) in the medical record for less than 90 percent of eligible analytic cases.

Reminder: NCDB is Now Accepting Call for Data Submissions

The NCDB began accepting submissions for the current Call for Data on October 18. Analytic cases for submission years 1988, 1993, 1998 and 2003 *must* be submitted on or by December 3 for *compliance* with Standard 3.6.

Registries may submit reports for data from prior Calls at this time. Please note that the Edits in

current use (NCDB10C edit metafile) will apply.

Submission information, including case requirements, layout and code requirements, and instructions for using and interpreting the NCDB10C Edit Metafile is available at <http://www.facs.org/cancer/ncdb/index.html>.

NCDB and Registry Software Providers Combine Efforts to Make the 2004 NCDB Call for Data a Success

In June, representatives from all major facility registry software providers, several states that submit NCDB data for their approved cancer programs, and several facilities that perform their own programming, participated in a Web conference to prepare them for the 2004 NCDB Call for Data. The topics that were covered included the abstracting and data submission time line from the registry perspective; CoC online resources for software providers and registrars; uses of the NCDB10C Edits Metafile in facilities and by the CoC; lessons from the past; and, what is new in the NCDB10C Edits Metafile.

NCDB extends an appreciative "Thank you" to the five software providers and 11 of the facilities they serve that contributed 21 data files totaling 22,729 records for the NCDB to use for test processing prior to the opening of the 2004 Call for Data. The providers were C/Net Solutions, Electronic Registry Systems, Kentucky Cancer Patient Data Management System, IMPAC Medical Systems, and Onco.

In exchange for their data, NCDB gave the five participating providers individual feedback on potential software problems identified in their test data in the following categories:

- case-selection
- record layout
- *FORDS* conversion and implementation adequacy
- data quality

The 2004 NCDB Call for Data information for registrars and software providers is posted on our Web site at <http://www.facs.org/cancer/ncdb/index.html>.

The CoC's Role in Comprehensive Cancer Control State Planning

The CoC has played an integral role in the national campaign for comprehensive cancer control planning since 1995. The CoC was a major partner in the Triad partnership with state and hospital tumor registrars and the ACS to plan cancer activities at the local community level. As it became a more visible partner among organizations such as the CDC, NCI, ACS, and C-Change, the CoC raised its level of commitment in 2000.

It was in 2000 and 2001, when the CoC helped to plan and support the Comprehensive Cancer Control Leadership Institutes (CCCLIs), a collaborative effort that provides highly skilled individuals with an opportunity to engage in collective action in support of their state cancer plan. All 50 states and the District of Columbia attended Phase I of the CCCLI for the purpose of revision and development of state plans. The national partnership is now engaged in hosting Phase II of the CCCLI, focusing on strategies, tools, and resources to assist states with the implementation of state cancer plans.

The CoC recently participated in the third Comprehensive Cancer Control Leadership Institute, which took place September 27-29 in San Diego, CA. Fourteen states were represented, and seven State Chairs attended. The CoC is participating in the final institute, which is being held in Chicago, IL, this week from October 27 to 30.

The CoC continues to support comprehensive cancer control planning through State Chairs' and Cancer Liaison Physicians' involvement as key partners on the state cancer teams, setting priorities, and implementing activities at the community level.

What is the Role of State Chairs in CCC?

State Chairs serve in a leadership role on the state cancer planning team, lending expertise in the treatment of cancer patients and identifying gaps and opportunities in the overall cancer continuum. They assist in prioritizing state cancer issues, assessing resources and capacity, and identifying cancer control activities and partners to include in the plan. The expertise of State Chairs in early detection, treatment, access, and disparities strengthens their involvement in developing a state cancer plan and identifying strategies to address state needs.

What is the Role of the Cancer Liaison Physician in CCC?

The role of the cancer liaison physician (CLP) in comprehensive cancer control planning is to serve as a leader at the facility and within the community to enhance the coordination of cancer control activities at the local level. Cancer liaison physicians should support the state cancer plan and leverage their role as Community Outreach Coordinator to implement activities identified in the plan at the local level. Activities implemented in the plan should compliment those activities of interest to the facility and the community.

Contacts for the state comprehensive cancer control programs are listed on the State Chair Resource Page on our Web site at <http://www.facs.org/cancer/coc/liaison.html>. If you have any questions regarding the CCCL, please contact Kate Phair at kphair@facs.org.

CoC Welcomes New State Chair

The College is pleased to announce the appointment of a new Commission on Cancer State Chair:

David B. McAneny, MD, Boston Medical Center, Boston, MA

New Additions to the CoC's Surveyor Team

We are pleased to welcome five new surveyors to our surveyor team:

Harold Abrams, MD, FACS (general surgeon) from Trumbull, CT
William Meyerson, MD, FACP (medical oncologist) from Boca Raton, FL
James A. Nunnery, MD, FACS (general surgeon) from Mufreesboro, TN
Katherine Seibert, MD, PhD, FACP (medical oncologist) from Liberty, NY
Richard L. Sperling, MD, FACS (plastic surgeon) from Highland Park, IL

A photograph and profile for each new surveyor will be added to our Web site at <http://www.facs.org/cancer/coc/surveyorprofiles.html> by January 1, 2005.

Only Two Web Conferences Remaining in 2004

Join us on our next Web conference to better understand the role of the Cancer Liaison Physician. This presentation is available to all cancer program staff interested in learning about the responsibilities of the Cancer Liaison Physician as Community Outreach Coordinator.

These Web conferences are offered on Central Time (CT)

- Wednesday, November 17, 2004- 3:00 to 4:00pm
- Tuesday, December 14, 2004- 11:00am to 12:00pm

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 any inquiries to Carolyn Jones at cjones@facs.org. We look forward to your participation.

National Quality Forum Cancer Standards Program

The National Quality Forum (NQF) is a private, not-for-profit membership organization created to develop and implement a national strategy for health care quality measurement and reporting. The mission of the NQF is to improve American health care through endorsement of consensus-based national standards for measurement and public reporting of health care performance data that provide meaningful information about whether care is safe, timely, beneficial, patient-centered, equitable and efficient.

As its Web site indicates (<http://www.qualityforum.org>), NQF's organizational goals are to:

- Promote collaborative efforts to improve the quality of the nation's health care through performance measurement and public reporting;
- Develop a national strategy for measuring and reporting health care quality;
- Standardize health care performance measures so that comparable data is available

- across the nation (i.e., establish national voluntary consensus standards);
- Promote consumer understanding and use of health care performance measures and other quality information; and
- Promote and encourage the enhancement of system capacity to evaluate and report on health care quality.

The Cancer Quality of Care Steering Committee has had several meetings and conference calls. The focus will be on Breast, Colorectal, and Symptom Management, and End-of-Life quality measures that are acceptable, useable, and feasible.

The Cancer Project Framework paradigm incorporates five domains:

- stage-specific and cross cutting measures
- trajectory of disease
- oncology services
- demographic and vulnerable groups
- oncology practice settings

As with treatment guidelines, evidence-based indicators will be used whenever feasible. The measures should be:

Important and amenable to action
Valid and amenable to risk adjustment
Feasible; what is the reality of data capture

Technical panels in the three areas of initial assessment will be in place before the end of 2004, with plan to define 20-30 measures that can be subsequently tested. The CoC and the NCDB are clearly positioned to play an active role in this project.

Spotlight on CoC Member Organization: Association of Community Cancer Centers (ACCC)

The Association of Community Cancer Centers (ACCC) has been a member of the Commission on Cancer since 1976. The current member representative and association president is Patti Jamieson-Baker, MSSW, MBA of Alexian Brothers Hospital Network in Elk Grove Village, IL.

The Association was born out of a simple premise: To give oncology practitioners in the community--at that time treating 85 percent of all cancer patients in the nation--a voice in the national oncology forum. The membership of ACCC reflects the changing face of oncology. Included among its membership are oncology nurses, hospital and physician practice administrators, medical directors, social workers, and cancer registrars employed in a variety of settings, including hospitals, physician practices, hospice and home care, and freestanding cancer centers.

The mission of the ACCC is to focus on preserving and protecting the entire continuum of quality cancer care for its patients and its communities. ACCC fulfills this mission by pursuing the following six strategies; (1) patient advocacy; (2) quality and economic issues; (3) research in the community; (4) cancer program management; (5) leadership in policy development and promotion and; (6) support for members. ACCC's current strategic priorities are to continue and expand development of educational programs; provide proactive leadership to influence legislation and regulations that affect access to cancer care; and increase membership including hospital programs, freestanding cancer centers and physician practices, individuals, and state societies.

We invite you to learn more about the ACCC and its programs by visiting its Web site at <http://www.accc-cancer.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.

The logo for CoC Flash, featuring the text "CoC Flash" in a bold, italicized, sans-serif font. The "CoC" is in a dark blue color, and "Flash" is in a lighter blue color. The logo is positioned in the top right corner of a dark blue horizontal bar that spans the width of the page.