



CoC Flash



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

September 2006

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Welcome New State Chairs

The College is pleased to announce the appointment of two new Commission on Cancer State Chairs:

Mary Milroy, MD, FACS, Avera Sacred Heart Hospital, Yankton, SD
Ujwala Rajgopal, MD, FACS, Scripps Memorial Hospital, Encinitas, CA

Dr. Niederhuber Becomes Director of NCI

Dr. John E. Niederhuber was recently sworn in as the 13th Director of the National Cancer Institute. A nationally renowned surgeon and Fellow of the American College of Surgeons, Dr. Niederhuber has dedicated his four-decade career to the treatment and study of cancer—as a professor, cancer center director, National Cancer Advisory Board chair, external advisor to the NCI, grant reviewer, and laboratory investigator supported by NCI and the NIH. As a surgeon, Dr. Niederhuber's clinical emphasis is on gastrointestinal cancer, hepatobiliary (liver, bile duct, and gallbladder) cancer, and breast cancer. Prior to his current appointment, Dr. Niederhuber was NCI's Chief Operating Officer and Deputy Director for Translational and Clinical Sciences, a position he assumed in September 2005. In June 2002, President Bush appointed Dr. Niederhuber as Chair of the National Cancer Advisory Board. He resigned that position in order to become NCI's Deputy Director. Before joining the Institute in a full-time capacity, Dr. Niederhuber was a Professor of Surgery and Oncology at the University of Wisconsin School of Medicine. He also served as Director of the University of Wisconsin Comprehensive Cancer Center, from July 1997 until October 2002. Earlier in his career, Dr. Niederhuber chaired the Department of Surgery at Stanford University. The Commission on Cancer looks forward to supporting Dr. Niederhuber's agenda and to working closely with him and his staff as they study how to improve the delivery of cancer care to patients in the communities in which they live by extending the NCI's clinical trials infrastructure and its science into the community.

Register Now for Survey Savvy Workshop

The CoC is offering a new version of the Survey Savvy workshop entitled, *Implementing Best Practices to Improve Cancer Program Performance*, on December 4–5, 2006 in Chicago. This

program will provide an overview of the CoC's Cancer Program Standards with a primary focus on useful best practices and strategies to support cancer programs in their efforts to enhance quality care and improve program performance in preparation for survey. Group discussions will be an essential component of the program offering opportunities to share experiences, develop new ideas, and network. This program is intended for individuals who already possess a strong working knowledge of the CoC's standards.

Registration Fee: \$400

A brochure and registration form are available online at <http://www.facs.org/cancer/schedules/meetcon.html>. Space is limited to 150 participants and the **registration deadline is November 10**. For registration-related questions, contact Mary Ann Marts at mmarts@facs.org.

New Collaborative Staging Version Released

The Collaborative Staging Task Force announced the release of Collaborative Staging (CS) version 01.03.00, on September 8, 2006. 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 participated in the CS Reliability Study, which identified many issues, as well as the individuals who submitted items.

All files for this release, including the CoC requirements for approved programs, can be downloaded at <http://cancerstaging.org/cstage/index.html>, the CS Web page. An updated version of Part 1 of the manual that includes minor clarifications will be available soon. Watch the CS Web page for this posting.

The new *Collaborative Staging and Coding Manual* may be downloaded and saved to your computer for use in daily abstracting. If you need assistance, instructions on "Downloading and Using the New CS Manual" have been posted on the Web page. This guide instructs users on how to save the manual to their computer desktop, a process that makes it easy to locate and open the manual for use in abstracting. It also provides helpful hints in utilizing this file with Adobe Reader.

General questions regarding CS can be submitted to Donna Gress, RHIT, CTR, AJCC Technical Specialist at 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>.

Maximizing Use of the Electronic Collaborative Staging and Coding Manual

The *Collaborative Staging and Coding Manual* is a large document that can be cumbersome. For this reason, it is recommended that an electronic version be saved on your computer because that is the best way to utilize the manual. The electronic version has many advantages—for example, the ability to search for a word or phrase instead of searching manually through multiple pages.

In an effort to make it even easier for registry staff to adapt to the electronic version, the AJCC is pleased to announce that the manual has been set up to work with a commenting feature in Adobe Reader 7, a free downloadable software. This feature enables users to highlight text or add "sticky notes" or comments to the manual that can be saved on the computer. If you previously highlighted or made additions to your paper manual, you will now be able to accomplish the same thing in your electronic manual, but without all that paper.

"Tips for Using Commenting Tools with the New CS Manual" has been posted on the Web page to provide instructions on how to use the new commenting and highlighting feature available in Adobe Reader 7.

If you don't have Adobe Reader 7, this may be downloaded for free at <http://www.adobe.com/products/acrobat/readstep2.html>, the Adobe Web page.

AJCC TNM Staging Too Often Incomplete

Over one million NCDB cases diagnosed in 2004 have been evaluated for American Joint

Committee on Cancer (AJCC) TNM staging completeness. Based on registry coding, approximately 11 percent of cases do not have an applicable AJCC 6th Edition staging scheme. Those cases are excluded from the information which follows.

Only 88 percent of cases with a defined AJCC staging scheme had either a known clinical or pathologic stage. This number is less than most facilities experience at survey, and less than the 90 percent required by CoC Cancer Program Standard 4.3. The actual percentages varied by primary site. For example, 58 percent of the 4,000 small intestine primaries were unknown stage, so were 19 percent of the 40,000 non-Hodgkin lymphomas. On the other hand, nearly 93 percent of the almost 200,000 breast primaries had known stage.

Pathologic stage takes into account all information obtained through surgery and—where it is applicable—it is generally thought to be more precise prognostically than the clinical stage. A known pathologic stage was reported for only 75 percent of patients who had a surgical resection of the primary site at the reporting facility.

Clinical stage is important because it guides the patient treatment plan. It is also used by the NCDB to evaluate the progress of patients treated surgically and non-surgically. Among patients whose diagnosis preceded treatment, for whom some staging work-up presumably also preceded treatment, only 58 percent had a known clinical (pre-surgical) stage reported.

The AJCC has determined that staging of metastatic disease is *clinical* unless there is pathologic information confirming the presence of metastatic disease. Cases should be assumed to be cM0 unless there is clinical or pathologic evidence of metastasis. Among 2004 cases, a full 39 percent were reported as pM0. Another 15 percent had X or blank recorded for both pM and cM, rendering those cases unstageable.

Facilities are advised to review the methods they use to collect physician staging information to make certain that clinical stage can be recorded by the physician prior to—or at the time of—initial surgery. Pathologic (or post-surgical) stage is recorded after the results of surgery are known. Timely recording by physicians will assist registrars in moving the information to registry abstracts. For questions or comments about this information, contact Jerri Linn Phillips at jphillips@facs.org or Donna Gress at dgress@facs.org.

NCDB Issues Annual Call for Data

NCDB is introducing two new *tools* for registrars this year:

1. A new *Clinical Checks Report* draws attention to certain items that should normally be available when recording treatment of certain non-metastatic breast and colorectal cancer patients. Although correction of these edit warnings is not required to meet Standard 3.7, the NCDB encourages registrars to complete any missing information described, if possible, and resubmit their data to the NCDB. Doing so will prepare the registry data for use in future CP³R-like applications.
2. A new Windows-based free-standing *online help application* is provided for registrars which describes all Data Quality and Clinical Checks edits used, with one-click links to the applicable FORDS or Collaborative Stage pages.

The information referenced above can be found on the NCDB Web page at <http://www.facs.org/cancer/ncdb/index.html>. Send questions related to the call to NCDB@facs.org.

New and Updated NCDB Web Reports to Be Available

NEW! Electronic-Quality Improvement Packets (e-QulP)

To coincide with Breast Cancer Awareness month in October, the CoC is developing *electronic-Quality Improvement Packets* (or e-QulP) for breast cancer, and will release them to each CoC-approved program during the first week of October. This new reporting application has been designed to specifically promote quality improvement activities that can assist facilities in the

fulfillment of the CoC Approvals Standards requirements—8.1: Complete and document studies that measure quality and outcomes; and 8.2: Documented implementation of two improvements that directly affect cancer patient care.

This Web-based application, accessible through CoC Datalinks, will provide program-specific case summary reports for breast cancers diagnosed in 2003 and 2004, as transmitted to the NCDB by each CoC-approved program, which are designed to enable facilities to review and address data completeness in preparation for the release of future CP³R-like applications for breast cancer. These future applications include:

- Patients undergoing breast-conserving surgery and who are under the age of 70 should be considered for or receive radiation therapy.
- Patients with Stage I (tumor size > 1cm and N0) or Stage II/III (any tumor size and N+) with hormone receptor negative breast tumors should receive or be considered for combination chemotherapy.
- Patients with Stage I (tumor size > 1 cm and N0) or Stage II/III (any tumor size and N+), ER+ or PR+ breast tumors should receive or be considered for hormonal therapy.

CoC-approved cancer programs will be notified via e-mail when the reports are available.

Updates: Stage III Colon CP³R

The CoC will complete and post its quarterly update of the Cancer Program Profile Reports (CP³R) on Monday, October 2. The updated reports will reflect data reconciliation that has occurred online via the CP³R application since July, as programs have reviewed and validated reported treatment practices for Stage III colon cancer patients diagnosed between 1998 and 2003. The next update is scheduled for early January 2007, and will include newly reported cases submitted during the Annual Call for Data that ended September 1, 2006. The reports will continue to be updated on a quarterly basis thereafter, allowing facilities to track reconciliation efforts.

The CP³R for Stage III colon cancer continues to receive overwhelmingly positive support. The CoC hopes these updates further facilitate quality improvement efforts at approved programs by providing active feedback regarding quality cancer patient care, physician charting, and registry operations. Additional documentation is provided on the CP³R page in CoC Datalinks, questions can be forwarded to NCDB@facs.org.

NCDB Article Reports Results of Laryngeal Cancer Study

Hoffman, et al. Laryngeal Cancer in the United States: Changes in Demographics, Patterns of Care and Survival. *Laryngoscope*, 116(Suppl. 111):1–13, 2006.

The authors conducted a retrospective, longitudinal study of laryngeal cancer cases drawn from the National Cancer Data Base (NCDB), and included 158,426 cases of laryngeal squamous cell carcinoma (excluding verrucous carcinoma) diagnosed between the years 1985 and 2001. Analysis of these case records addressed demographics, management, and survival for cases grouped according to stage, site, and specific TNM classifications. The review confirmed the previously identified trend toward decreasing survival among patients with laryngeal cancer from the mid-1980s to mid-1990s. Patterns of initial management across this same period indicated an increase in the use of chemoradiation with a decrease in the use of surgery despite an increase in the use of endoscopic resection. The most notable decline in the 5-year relative survival between the 1985 to 1990 period and the 1994 to 1996 period occurred among advanced-stage glottic cancer, early-stage supraglottic cancers, and supraglottic cancers classified as T3N0M0. Initial treatment of T3N0M0 laryngeal cancer in the 1994 to 1996 period resulted in poor 5-year relative survival for those receiving either chemoradiation (59.2%) or irradiation alone (42.7%) when compared with that of patients after surgery with irradiation (65.2%) and surgery alone (63.3%). In contrast, identical 5-year relative survival (65.6%) rates were observed during

this same period for the subset of T3N0M0 glottic cancers initially treated with either chemoradiation or surgery with irradiation.

Earn Continuing Education Credits—Online Education Available

The CoC's Online Education Center offers convenient access to educational programs 24 hours a day, 7 days a week. From preparing for survey to learning how to create and make optimal use of customized NCDB benchmark reports, you have a wealth of information at your fingertips. For a small fee, each one-hour slide presentation with accompanying audio and written transcript can be viewed, then a post-test taken to earn educational credit.

Learning about CoC standards and AJCC TNM staging* has never been so easy. Visit the Online Education Center today at <http://www.facs.org/cancer/webcast/index.html>.

*A new series of TNM staging programs will be available in late 2006.

Learn About the CLP Role

Join us on the next Web conference to better understand the activities of the cancer liaison physician. Facilitated by a CoC State Chair, this is your opportunity to ask questions and get answers.

Tuesday, October 3, 2006: 5:00pm–6:00pm (Central Standard Time)
Facilitator: Alan Thorson, MD, FACS

Thursday, December 7, 2006: 9:00am–10:00am (Central Standard Time)
Facilitator: Phillip Roland, MD, FACS

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!

NOTE: This presentation, facilitated by Aaron Bleznak, MD, FACS, is also offered at no charge on the CoC's Online Education Center. If you are unable to participate in one of the above LIVE sessions, go to <http://www.facs.org/cancer/webcast/index.html> to hear and view the program.

Save the Date! March Survey Savvy Workshops

In March 2007, the CoC will offer the following workshops:

Survey Savvy for Veterans Affairs (VA) Facilities—Thursday, March 22, 2007

This program is intended for cancer program staff at VA facilities that are working towards CoC Approval and using the Cancer Program Standards for VA programs to prepare for survey.

Survey Savvy for Pediatric Programs—Friday, March 23, 2007

This program will instruct cancer program staff at approved and non-approved pediatric programs as well as facilities with pediatric components on how to prepare for survey using the CoC's pediatric Cancer Program Standards.

Visit CoC and AJCC Exhibits in October

The CoC and the AJCC will be exhibiting at the following meetings in October.

American Health Information Management Association, October 7–12 at the Colorado Convention Center in Denver. Stop by the CoC booth (#742) and the AJCC booth (#740) to speak with Vicki Chiappetta or Karen Pollitt.

American College of Surgeons Clinical Congress, October 8–12 at McCormick Place Convention Center in Chicago, IL. Stop by the ACS Member Information Center in the registration area to speak with CoC and AJCC staff.

SEER*RX Updates Drugs and Regimens

SEER*Rx has been updated and is available on the SEER Web site at <http://seer.cancer.gov/>. Approximately 25 new drugs and 5 new regimens were added. In addition to this, about 100 drugs were updated with new brand names, new indications, and /or new FDA approvals.

Spotlight on CoC Member Organization: College of American Pathologists (CAP)

The College of American Pathologists (CAP) has been a member of the CoC since 1953. The current representative is Carolyn C. Compton MD, PhD, FCAP, at the National Cancer Institute in Bethesda, MD.

The mission of CAP, the principal organization of board-certified pathologists, is to serve and represent the interests of patients, pathologists, and the public by fostering excellence in the practice of pathology and laboratory medicine.

CAP is a medical society serving nearly 16,000 physician members and the laboratory community throughout the world. It is the world's largest association composed exclusively of pathologists and is widely considered the leader in laboratory quality assurance. It is also an advocate for high-quality and cost-effective medical care. The nearly 16,000 pathologist members of the College of American Pathologists represent board-certified pathologists and pathologists in training worldwide.

More than 6,000 laboratories are accredited by CAP, and approximately 23,000 laboratories are enrolled in the College's proficiency testing programs.

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

To Subscribe to CoC Flash

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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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