



Commission
on Cancer

Flash



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

December 3, 2007

Special Announcement

CoC Committee on Approvals Revises Standard 4.3 – AJCC Staging

NOTE: The text of this e-mail is lengthy. Consider printing to facilitate reading.

Though many programs have successfully implemented a process for cancer staging that enables them to achieve either Compliance or Commendation for this Standard, a pattern of compliance/implementation issues have been identified since Standard 4.3 was first implemented. These include, but are not limited to:

- Significant staff time and effort are required to ensure that physicians have recorded a complete AJCC Stage for each case
- Delayed physician staging in the medical record cannot be used effectively for treatment planning
- The accuracy of the Stage recorded by the physician is not evaluated

Staging Workgroup

In January 2007, a Staging Workgroup began evaluating Standard 4.3 with the intent of reducing the work burden on programs along with developing methods to measure physician use of AJCC Staging in the treatment planning process.

Over the next few months, the Staging Workgroup will continue to work on the development of a new Standard for AJCC Staging and criteria for its implementation in 2009. The new Standard will focus on the quality of physician staging and methods for effectively using AJCC Staging in treatment planning. The Committee on Approvals will take action to approve the new Standard during their meeting in May 2008, and revised pages for *Cancer Program Standards 2004, Revised Edition* addressing the new Standard will be released online in mid-2008. This will enable programs to begin implementing the new Standard during the second half of 2008.

Changes Effective January 1, 2008

The Committee on Approvals has taken the following actions to change the *current* version of Standard 4.3 in anticipation of the release of the new Standard on AJCC Staging. These changes will become effective January 1, 2008, and are applicable to all programs.

For 2008, complete AJCC Staging in the medical record by the managing physician, or other approved medical professional, is no longer required. Instead, the facility's **cancer committee** will be responsible for the development and implementation of two processes:

- 1) For Collaborative Stage, there must be a process to:

- Set the required accuracy rate for the Collaborative Stage derived through the collection of the Collaborative Stage data items
- Annually evaluate the accuracy of the Collaborative Stage derived stage
- Correct the information recorded in the Collaborative Stage data items to obtain a correct derived stage

2) For treatment, there must be a process to promote and document physician use of AJCC Staging in treatment planning.

Note: Approved programs currently using the AJCC Staging Form or similar strategies to communicate information from the managing physicians to the registry are encouraged to continue doing so.

The Survey Process for 2008

During surveys performed in 2008, the cancer committee is to discuss with the surveyor the development of the processes set forth above. However, neither process will affect the rating for Standard 4.3.

The cancer registry quality control plan (Standard 2.10) should be changed to include a review of the accuracy of the Collaborative Stage derived stage. A quality control review for the completeness of physician staging is no longer required. However, a review of the accuracy of physician staging is still recommended.

Surveys in 2008:

1. All programs will receive a rating of 1 (Compliance) for Standard 4.3.
2. A program may choose to be evaluated for 1+ (Commendation) for Standard 4.3. If the program chooses this option, the surveyor will review 20 medical records from the last complete year of abstracting and five charts from the current year to assess complete AJCC Staging by the managing physician in the medical record.
3. A 1+ (Commendation) rating for this Standard will be recorded if a complete AJCC Stage by the managing physician is present in 95% or more of the charts reviewed by the surveyor.
4. Programs that choose to be evaluated for 1+ (Commendation), but do not achieve the Commendation level will retain a rating of 1 (Compliance) for Standard 4.3.
5. Programs that choose to be evaluated for, and achieve, the 1+ (Commendation) will be eligible for the 2008 CoC Outstanding Achievement Award. Award recipients will be identified after all 2008 surveys are completed and the Approval Award is confirmed.

Changes to the deficiency resolution process:

Programs that received a deficiency for Standard 4.3 from a survey in either 2006 or 2007, may resolve the deficiency in one of two ways:

1. To demonstrate complete AJCC Staging by the managing physician in the medical record, submit copies of five cases from the five most common sites seen at the facility during the last 12 consecutive months.
2. Develop a process to:
 - Set the required accuracy rate for the Collaborative Stage derived through the collection of the Collaborative Stage data items
 - Annually evaluate the accuracy of the Collaborative Stage derived stage
 - Correct the information recorded in the Collaborative Stage data items to obtain a correct derived stage

And

- Show that the process was implemented by the cancer committee through documentation in cancer committee minutes.

The CoC Standards Manual

Updated *Cancer Program Standards 2004, Revised Edition* pages, showing the changes to Standards 4.3 and 2.10 are available online at <http://www.facs.org/cancer/coc/programstandards.html>.

Questions about these changes should be sent to Asa Carter, CTR, Manager, Approvals and Standards, at acarter@facs.org or (312) 202-5180.

What Will These Changes Mean for the Registry?

In the immediate transition period, beginning with cases diagnosed in 2008, two changes will be implemented for data collection related to AJCC Staging.

First, pathologic staging information is considered to be adequately collected by CS, and physician-assigned pathologic AJCC staging will no longer be required to be collected. TNM Edition and the Clinical T, N, M, Stage Group, Descriptors and Staged-by will be required to be collected based on pre-treatment information. If Pathologic T, N, M, and/or Stage Group are available, the NCDB recommends that they also be coded in the registry along with the relevant Descriptors and Staged-by items.

Second, registrars are encouraged to record physician-assigned clinical items where they are available. But where that information is not available, registrars will be required to assign the clinical items listed above based on information available in the patient record

The coding rules for cases diagnosed in 2007, or earlier, are not affected by these changes.

- For these cases, registries will still copy physician-assigned clinical and pathologic T, N, M and Stage Group, or the values assigned by the person authorized for the respective approvals category, and code the Descriptor, Staged-by and TNM edition items.
- AJCC Staging edits affecting cases diagnosed in 2007 will not change.
- Registrar coding of clinical staging information, when not available from physicians, will be permitted, but not required for pre-2008 cases.
- Collaborative Staging is required for all analytic cases (Class of Case 1-2). Registries should begin using the new 01.04.00 version as soon as their software providers make it available. (NCDB resubmissions made on or after January 1, 2008, may be in either the 01.03.00 or 01.04.00 version).

For cases diagnosed in 2008 and 2009, registrars are required to code TNM Edition and the Clinical T, N, M, Stage Group, Descriptors and Staged-by for all analytic cases (Class of Case 0–2), using available pre-treatment information.

- Radiotherapists and many oncologists and surgeons summarize stage information at the outset of treatment. When that record is available for the first mode of treatment given to the patient, it is an especially useful resource.
- Please remember that when the physical exam and all other pre-treatment workup reveal no evidence of node or metastatic involvement, the clinical entries are cN0 and cM0 rather than cNX and cMX. (see Greene et al., "On the Use and Abuse of X in the TNM Classification," *Cancer*, Vol 103, No 3, 2005).
- The rules for recording AJCC Staging for pediatric cases will not change, except that the pathologic items may be left blank.
- If your software calculates Stage Group automatically based on the cT, cN and cM entries, the calculated Stage Group may be retained in the registry.

The standard AJCC edits are being modified to reflect the new rules, but are not available currently. In the meantime, 2008 cases can pass edits if the registry uses the usual method of entering pathologic staging when AJCC Staging information is not available. Your software provider will be able to tell you when you will get the updated edits.

Collaborative Staging is required by CoC for all analytic cases (Class of Case 1-2). The NCDB will expect Collaborative Staging to be submitted in the new version 01.04.00 for the Call for Data in the Fall 2008, based on conversion. Many states require that all 2008 cases be originally coded using version 01.04.00, as specified by SEER and NPCR.

The Facility Oncology Registry Data Standards (FORDS) Manual

Updated *FORDS* pages, showing the changes for 2008 are available at online <http://www.facs.org/cancer/coc/fordsmanual.html>.

Free Web Conference in January 2008

A **free** Web conference to review these changes has been scheduled for Monday, January 14, 2008, at 10:00am (CT). No registration is necessary. Space is unlimited. A handout of the presentation will be available online one day prior to the Web conference. The audio portion of this Web conference will be recorded and posted alongside the handout three to five days following the program date. Details about the Web conference are available at <http://www.facs.org/cancer/coc/coceduc.html>.

Questions about *FORDS* changes should be submitted to Jerri Linn Phillips, MA, CTR, Manager, Information Technology and Data Standards, NCDB, at jphillips@facs.org or (312) 202-5814.



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