Dear Cancer Liaison Physicians:

We hope you had an opportunity to attend the Commission on Cancer (CoC) CLP meeting on April 17, 2024. If you weren't able to attend, we urge you to view the recording and slides, which is posted in the CLP Meetings section on the <u>CoC website</u>. We hope you'll find this meeting summary and the additional CoC updates to be helpful in your role as the CLP for your cancer program.

Cancer Liaison Physician Meeting

Cancer Liaison Program **Chair Quyen Chu, MD, FACS,** and Vice-Chair **Maria Castaldi, MD, FACS**, welcomed CLPs and reminded them to save the dates for a few upcoming meetings:

- <u>ACS Quality and Safety Conference</u>
 - July 18-21, 2024, in Denver, CO
- ACS Clinical Congress 2024: October 19-22, 2024, in San Francisco, CA
 - CoC meetings: Saturday, October 19
- 2025 ACS Cancer Programs Conference
 - March 12-15, 2025, in Phoenix, AZ

Dr. Chu also encouraged CLPs to help promote the 2024 CoC Research Paper Competition. Submissions in either the Clinical Research or Basic Science categories will be accepted through July 9. More information about the Competition is available on the CoC <u>website</u>.

Following Dr. Chu's CoC update, **Kim Rodriguez, BSPH, CPH, RHIT, ODS-Certified** presented an update on the CoC Operative Standards. **Shanthi Sivendran, MD, MSCR, MBA**, Senior Vice President, Cancer Care Support and **Nicole Robertson, MPH**, Director, Community Navigation reviewed the American Cancer Society's new navigation and training credentialing program ACS LION, and the ACS CARES resource for cancer information.

ACS Cancer Programs Accreditation Manager **Marci Ramahi** kicked off the discussion on CoC accreditation site visit preparation with an update on standards and site visit protocols. Dr. Chu and Dr. Castaldi then welcomed a panel of CoC site reviewers to discuss best practices, common challenges, and tips for success. The site reviewers on the panel included **Arnold Baskies, MD, FACS**; **James Harris, MD, FACS**; and **Dona C. Hobart, MD, FACS**.

The CoC is planning a second virtual CLP meeting this year, on October 9. A communication with a link for registration will be sent closer to the event. Please contact Melissa Leeb at <u>mleeb@facs.org</u> if you have topic suggestions for future CLP meetings.

CoC Standards Update

- Releases Updated Accreditation Standards: The CoC released the latest update to its 2020 accreditation standards, *Optimal Resources for Cancer Care (2020 Standards)* on February 1. This update provides clarification edits for several standards, and general updates to language and terminology for CoC accreditation. The updated version is available on the <u>CoC website</u> and an <u>updated changelog</u> with full details is also available for download. Questions regarding the CoC accreditation standards should be submitted through the <u>CAnswer Forum</u>.
- **CoC FAQ Updated for Standard 4.8:** The CoC has updated the Frequently Asked Questions (FAQs) for Standard 4.8 Survivorship Program. Clarifications have been added to several questions, including those concerning consideration of treatment summaries and survivorship

care plans as services. The FAQs may be accessed in the <u>QPort</u> CoC Standards Resource Library under Chapter 4.

- Updated Compliance Information for CoC Operative Standards: Two important changes have been approved that impact review of the CoC Operative Standards during site visits, effective immediately.
 - <u>Required Compliance Percentage for Sites with Less than Seven Applicable Cases:</u> The percentages required for compliance for Standards 5.3-5.8 have been modified.
 Previously, 100% compliance was required if the accredited site had fewer than seven applicable pathology or operative reports for a select standard.
 Effective immediately, if a site has fewer than seven applicable cases for Standards 5.3-5.8, then the standard's applicable percentage for that year will be applied. In other words, for site reviews conducted in 2024, 70% compliance will be required for Standards 5.3-5.6, regardless of the number of cases to be reviewed. Additionally, 80% compliance will be required for Standards 5.7 and 5.8, regardless of the number of cases to be reviewed.
 - <u>Alternative Compliance Pathway for Standards 5.3-5.6</u>: During 2024 site visits, an internal audit of compliance with Standards 5.3, 5.4, 5.5, and/or 5.6 and an action plan that addresses compliance issues may be considered by Site Reviewers when rating the standard.

The internal audit and resulting action plan must be documented in cancer committee minutes from a 2023 or 2024 meeting and must be from before the Site Reviewer selects the cases to be reviewed during the site visit. The internal audit must outline the specific issue(s) affecting compliance and the interventions that will be implemented to achieve compliance. An action plan must be documented for each potentially non-compliant standard.

If the expected compliance percentage is not met in the medical record review during the site visit, the site reviewer will evaluate the results of the site's internal audit and action plan as documented in the cancer committee minutes. A "deficient but resolved" rating may then be given.

This is a temporary alternative pathway for compliance with Standards 5.3-5.6. At this time, it has only been approved for 2024 site visits. A site taking advantage of this alternative compliance pathway is expected to be fully compliant with Standards 5.3-5.6 at its next site visit.

This alternative compliance pathway option does not apply to Standard 5.7 or Standard 5.8.

<u>Sites that already Underwent a Site Visit in 2024</u>: Programs that have already undergone a site visit in 2024 but feel the above adjustments would change their rating of Standards 5.3-5.8 should email <u>CoC@facs.org</u>. In the email, please include your site's Company ID, the standard you would like reconsidered, and a description of the reason for review.

American Cancer Society Update and Resources

 Voices of Black Women: This <u>long-term study</u> led by the American Cancer Society <u>Population</u> <u>Science</u> team aims to enroll at least 100,000 Black women in the United States over the next few years. The goal of this study is to better understand health conditions like cancer and how to improve overall health among Black women. Enrollment in 20 states begins in May.

- Cancer Caregiving Toolkit: Cancer caregiving can be intense and episodic, resulting in high levels of psychosocial distress. As a critical part of the health care team, caregivers deserve support that targets their emotional and mental health needs. To this end, the American Cancer Society has developed the <u>Developing Caregiver Clinical Services Toolkit</u>, a comprehensive set of tools and resources that oncology leaders, clinicians, and staff members can use to implement psychosocial services for family caregivers. It also addresses key areas of clinic development, including referral sources and triage processes, billing codes, and staffing.
- Medicare Webinar: The American Cancer Society National Navigation Roundtable offered a <u>spring webinar</u> regarding how the new Medicare coverage for Principal Illness Navigation (as well as Community Health Integration and SDOH Risk Assessment) may impose an out-of-pocket cost on patients.
- Symptom Management Flyer Series: The American Cancer Society offers <u>cancer information in</u> <u>other languages</u>, including new resources in the "What to Do For" series, translated into <u>French</u>, <u>Korean</u>, <u>Russian</u>, <u>Spanish</u>, and <u>Ukrainian</u>. Topics include:
 - o Diarrhea
 - o Distress
 - Low Blood Counts
 - Memory, Thinking, and Focus Changes
 - Sleep Problems

Smoking Is an Undertreated Risk Factor after Cancer Diagnosis

While many cancer centers routinely document and ask about the smoking status of their patients, baseline survey results of the Just ASK national quality improvement project, led by ACS Cancer Programs, describe the many challenges and missed opportunities these centers may face when trying to help patients quit smoking.

The results, published in <u>JCO Oncology Practice</u>, represent one of the largest national surveys examining the quality of tobacco treatment in cancer care in a wide range of clinical oncology settings, including academic facilities and community cancer programs. <u>Read more</u>.

Breast Cancer Diagnoses Plummeted during First Year of Pandemic

Several studies have described the distinct ways the COVID-19 pandemic adversely impacted cancer care, but less is known about the specific ways the pandemic disrupted breast cancer, the most common non-skin cancer diagnosed in women.

Research evaluating data from the National Cancer Database (NCDB) shows that breast cancer was not immune to pandemic-related stressors, with researchers finding that there was a 15-20% decrease in newly diagnosed breast cancer cases reported to CoC-accredited sites in 2020 compared to 2019. <u>Read more.</u>

Thank you for all you do as your cancer program's CLP to improve the quality of care for cancer patients. Please contact your State Chair with any questions about the CoC or your program's accreditation.