Executive Summary

The ACS Cancer Programs are meeting their strategic priority 2020-2021 goals, delivering on the promise of new programs, products and services, and responding to changes in work resulting from the COVID-19 pandemic. The Cancer Department has grown to include seven programs with the launch of the Cancer Surgery Standards Program (CSSP) on July 24, 2020. The CSSP is charged with developing and managing operative standards content as well as with the implementation of new digital documentation tools; three digital synoptic operative reports (SORs) are currently under construction. The Commission on Cancer (CoC) adopted six cancer surgery standards from CSSP in 2020 and will phase in compliance with use of synoptic operative reports starting in 2021. New data-specific products and services include the fall release of near real-time data abstraction through the National Cancer Database (NCDB) - IQVIA Rapid Cancer Reporting System (RCRS), curriculum on quality improvement at the 2020 Quality and Safety Conference, the development of new processes and procedures for the validation of evidence-based quality measures and efforts to reduce the data abstraction burden by our accredited programs through STORE manual reduction activities. The American Joint Committee on Cancer (AJCC) put in place processes and procedures that will transition staging material from a 7-year book publication cycle to an annual update of cancer staging standards and completed its first annual update on cervix cancer. Diagnostic staging tables have met with focus group acceptance and will be a future feature of AJCC site-specific updates to improve point-of-care access to quick reference cancer care and staging material.

All aspects of the operations within the Cancer Department have been reviewed through the lens of customer service resulting in numerous enhancements that have been supported by positive customer feedback. Lastly, the seven Cancer Programs have remained highly relevant and effective during the pandemic, first by providing triage and guidance documents and webinars on safely managing COVID-19 patients during early COVID-19 and later by piloting virtual sites visits, and developing on-line educational offerings in addition to content coordination with the Quality and Safety Conference. New programs, products and services are detailed below.
The new Cancer Surgery Standards Program (CSSP) launched on July 24, 2020 and is now the seventh program within the ACS Cancer Programs. The CSSP evolved as an outgrowth of the Cancer Research Program efforts to codify operative standards based on well vetted cancer evidence. The mission of CSSP is to improve the quality of surgical care for persons with cancer and the mission is supported by three goals and three functioning committees that focus on development of the content, implementation of the digital tool and education about the tool and content. Presently, the CSSP is focused on designing, building, piloting and disseminating key products that support the new CoC cancer surgery standards (5.3-5.6) which includes EMR-based synoptic operative reports (SORs) and web-based Protocols containing a rich Knowledge Platform, with explanatory notes that can be accessed through the SOR to assist as needed with accurate completion of the SOR. It is expected that EMR-based SORs and the web-based protocols will be delivered in 2021 for melanoma, colon and breast cancer.

The principle product of the CSSP is the Electronic Medical Record (EMR)-based-Synoptic Operative Report (SOR) tool. The SOR tool is unique in that it will produce a standardized, synoptic and comprehensive surgical report within the EMR workflow. The content of the SOR tool incorporates existing definitions relevant to cancer care, such as AJCC TNM categories, surgical care, including Universal Surgical Data Elements and NCDB codes, and billing requirements for generation of CPT or ICD-10 codes. The SOR is being designed to be technically interoperable with EMRs and other digital platforms through SMART on FHIR. This product represents a significant departure from current operative report documentation practices. While EMRs are now prevalent, operative reports are often still drafted in narrative form, with gaps of important elements of cancer communication reported at 30% to 50%. These evidence based SORs fulfill an unmet need of providing a standardized approach to documenting vital cancer information and are expected to significantly reduce communication gaps.
The second new ACS product is a web-based **Protocol and Knowledge Platform** that supports all aspects of the EMR-based SOR, including both current and future functionalities. In addition to outlining SOR content, the protocol includes a Knowledge Platform that contains all the relevant evidence and references used to build the SOR. The Knowledge Platform also includes explanatory notes that link to the SOR and explain the content, including tables, coding crosswalks and illustrations. The Knowledge Platform is designed in such a manner that it can support new digital artifacts, including future automation capabilities for the calculation of billing codes, the generation of anatomic staging and the reporting of clinical data to hospital and central registries.

### Commission on Cancer 2020 Operative Standards

The ultimate purpose of the SOR and Knowledge Platform tools are to improve cancer outcomes. The products achieve their purpose directly, by defining and supporting CoC cancer surgery standards 5.3–5.6 and indirectly, by improving the accuracy of clinical documentation and clarity of inter-provider communication. CoC standards 5.3-5.6 have been built on well vetted evidence and adherence to these standards is associated with better cancer outcomes. Without the SOR, it will not be possible to monitor adherence to these standards and improve performance over time. These products will address critical documentation and communication gaps that are reported in the literature, which repeatedly demonstrates that narrative operative reports omit 30% to 50% of important clinical information compared with synoptic reports. The primary user audience for the EMR-based SOR will be the estimated 15,000 CoC surgeons who participate in the 1,500 CoC-accredited cancer programs. In 2017 the NCDB recorded a total of 347,212 patients who underwent surgery for melanoma (57,242), breast (228,496) and colon cancer (61,474) within CoC programs.

In 2020 the **American Joint Committee on Cancer (AJCC)** put in the necessary processes and procedures to transition AJCC material from a 7-year book publication cycle to an annual update and annual release of cancer staging standards. The first new version of cervix staging and the API that supports the digital consumption of AJCC has also been updated and released and breast and colon cancer updates are expected in 2021. Also, in 2020, AJCC leadership made the decision to support digital products in the form of **synoptic staging reports and protocols**. These new products will ensure just-in-time and point-of-care access to this critical reference material and this approach is in keeping with the synoptic pathology reports and protocols supported by the College of American Pathologists, and the SORs and protocols under production by the CSSP.
Als part of the AJCC transition towards annual updates and the use of staging protocols, the AJCC Editorial Board put forth a **new diagnostic-staging table** that displays the diagnostic and staging requirements for each cancer and the relationship between the two. The table serves as a quick guide for conducting a proper diagnostic evaluation and locating diagnostic tests in the record that support staging categories. Focus group feedback supports the value and utility of the table for busy clinicians and registrars.

The **National Cancer Database (NCDB)**, in collaboration with IQVIA, launched the **Rapid Cancer Reporting System (RCRS)** to CoC accredited programs in September. The value of RCRS is the ability of CoC accredited programs to enter data near real-time, or at least concurrent with cancer care and in that way, it is designed to support quality measures and most importantly quality improvement initiatives. Some CoC accredited programs will be challenged to enter data concurrently, due to registry backlogs and current hospital registry workflow, and so the NCDB is prepared to continue with annual calls for data for the next few years to ensure that complete data cohorts are available. Recognizing the change management required for transition from RQRS to RCRS, and acknowledging the adverse impact of the pandemic on registrars, the NCDB staff and Quality Integration Committee (QIC) have taken active steps toward reducing registrar data abstraction burden by reducing the number of required quality measures and STORE manual data fields in 2021. To accelerate the transition from a prior focus on long-term cancer outcomes to current interests in quality improvement activities, the QIC is implementing a quality improvement curriculum, hosted at the ACS Quality and Safety Conference.

We continue to deliver value to our **Commission on Cancer (CoC), National Accreditation Program for Breast Centers (NAPBC), and National Accreditation Program for Rectal Cancer (NAPRC) accredited programs**. Although we needed to cancel in-person workshops, we have been successful in converting the workshop content into a series of webinars so we can continue to deliver educational content to our programs. Virtual site visits plans have been created for all three accreditation programs and virtual visits are currently underway. Site reviewers have been trained and our program contacts have also been trained in the virtual site visit plan components in September so that they are aware of this option as our site reviewers begin rescheduling site visits. The CoC released new standards last October, the NAPRC released new standards in July, and a complete review and revision of the NAPBC standards is underway.
The Clinical Research Program (CRP) was rebranded in 2020 and is now titled the Cancer Research Program of the American College of Surgeons and the Alliance for Clinical Trials in Oncology, which supports a registered trademark. In addition to supporting trademark, rebranding provides an ideal opportunity to acknowledge the transition of the cancer surgery standards activities out of the CRP and into the new CSSP. The CRP will continue to generate the evidence in support of cancer surgery standards and, in fact, will be publishing volumes 3 and soon 4 of the Operative Standards Manual. CRP has a robust educational and clinical research agenda, which includes several grant and special study submissions.

In response to the COVID-19 pandemic, triage criteria documents were developed and disseminated that outlined prioritization for 10 common solid malignancies for which surgery plays a vital curative role. Acute and recovery phases of the pandemic were defined, providing context for the urgency and importance of cancer surgery prioritization. The content from the triage criteria documents was presented in six webinars including speakers and panelists covering selective management of specific cancers (breast, colon and lung), to general management of “Cancer Care Delays; What They Mean to You and Your Patients” and “COVID-19 Cancer Management Challenges: Using Virtual Tumor Boards”. Webinars were well subscribed with 300-1,000 attendees each.

In the past year operational efficiency and effectiveness and customer service have been top priority. Many core administrative functions have been consolidated in a manner consistent with the organizational structure of ACS, including education, meetings, communications and accreditation support services. These transitions proved to be critical to introducing new technologies and supporting the important transitions to virtual work, meetings, conferences and surveys, during the pandemic. Thanks to these transitions, we have been able to generate detailed and real-time feedback on what customers need and want from the Cancer Programs.

**2020 – 2021 Strategic Priorities**

**DROP/C Cancer**
Create new products, services and programs
- a. Rapid Cancer Reporting System
- b. Quality Measures
- c. Point-of-Care Tools
- d. System Level Accreditation

The Cancer Programs reported their long-range strategic plan and priorities to the ACS Board of Regents in February 2020. The short- and long-term strategic priorities were developed based on a year-long landscape assessment and a series of leadership and staff retreats. Despite pandemic-related disruptions, the programs are making steady and consistent progress towards achieving their set goals, including strengthening their relationships with key partners such as the Centers for Disease Control, National Cancer Institute-SEER Program, American Cancer Society and others. Great emphasis has been placed on understanding and delivering customer value to our accredited programs and focus groups have enabled us to deliver on customer needs.