CAAnswer Forum LIVE
June 9, 2021
Introducing Our Moderator

Frederick (Rick) Greene, MD, FACS
Panelist

Scott J. Capozza, PT, MSPT
Board Certified Clinical Specialist in Oncologic Physical Therapy
Outpatient Oncology Rehabilitation Services
New Haven, Connecticut

Mary Lou Galantino, PT, PhD, MSCE, FAPTA
Distinguished Professor of Physical Therapy
Holistic Health Minor Coordinator
Stockton University
Galloway, New Jersey
Ann Marie Flores, PT, MSPT, PhD, Certified Lymphedema Therapist
Associate Professor
Director, Cancer Rehabilitation Studies (CARES) Laboratory
Department of Physical Therapy and Human Movement Sciences
Department of Medical Social Sciences

Director of Cancer Rehabilitation
Cancer Survivorship Institute
Robert H. Lurie Comprehensive Cancer Center of Northwestern University
Northwestern University
Chicago, Illinois
Standard 4.6 Rehabilitation Care Services

Please provide a sample Rehab Services Policy and Procedure.

Answer

*The CoC does not have sample policies. One suggestion is to post this as a request in CAnswer Form and perhaps programs might be willing to provide samples.*
Standard 4.6 Rehabilitation Care Services

Our program wants to clarify if the person performing lymphedema management must be a certified lymphedema therapist.

Answer:

*The CoC does not specify this, however, this should be discussed as part of the annual review and evaluation of rehab care services.*
CoC

Standard 4.6 Rehabilitation Care Services

The standard says the following two items must be "defined and identified" in our policy:

- Criteria for performing functional assessments
- Criteria for referral to a rehab care specialist

Please define what's meant by a "functional assessment." What would one look like? Also, could a "rehab care specialist" be anyone (OT, PT, PM&R, etc.). What specific criteria for referral is CoC seeking?

Answer:

*Examples of rehab care specialists (i.e. rehabilitation professionals) are included in the standard. The type of professional utilized will depend on the resources the program has.*

*Functional assessments and referral to rehab care specialists should be done according to evidence-based guidelines. An example of a tool that could be used FACT-G.*
CoC

Standard 4.6 Rehabilitation Care Services

I have read and reread the Rehab Care Services standard and there is no mention of the requirement to report how many (the number of) patients that were referred to Rehab services.

It is my understanding that the intent of the Rehab standard is to report to the Cancer Committee a review of the specific services we currently provide / refer to and if with input of the Rehab specialist those services are adequate for our current patient population or if there are any barriers we need to address.

Answer:

*The Nutrition and Rehab standards do not require reporting on the number of patients that were referred to the services. However, this may be helpful data to have in order to review each standard.*

*It is also correct that the intention is that the Cancer Committee review the specific services you currently provide / refer to and, with input of the Rehab specialist or Nutritionist, that those services are adequate for your current patient population or if there are any barriers you need to address.*
Standard 7.4 Cancer Program Goal

What is a good method to determine if a goal suggested by the Cancer Committee will meet the requirement for this standard?

**Answer**

We recommend reviewing the required elements in the Standards manual. A good start is writing it out using the required CoC template, to determine if it meets the SMART criteria.
Standard 7.4 Cancer Program Goal

Can we set a goal to increase our follow up rate?

Answer

No, Cancer registry follow up is a standard – 6.5. Goals cannot duplicate requirements or be an improvement on requirements from another standard.
Standard 7.4 Cancer Program Goal

Our 2020 program goal was the approval of an "all primary" nurse navigator, as we previously only had a breast health navigator. This was approved and put in place.

For 2021, our facility is wanting to completely overhaul the patient navigation process. Our director has asked that I reach out to CoC to see if this would be too similar to the goal implemented last year or if we would be able to use this.

Answer
Yes, A complete overhaul of your patient navigation process could be a goal for 2021.
Standard 7.4 Cancer Program Goal

Our cancer program is looking at focusing on a goal to increase our navigation percentages, however, we used this as a goal in 2018 (different accreditation cycle) but the percentages are different, as well as the specifics as to how we will reach the goal., and the previous goal was not met.

Is it okay to use a similar goal during a different accreditation cycle if this is still an area that needs improvement?

Answer
Yes, it OK to use a similar goal during a different cycle. In addition, you should also be reviewing why the goal wasn't met initially and build that into your new and revised goal.
Standard 7.4 Cancer Program Goals

Our cancer program had several prospective goals that were discussed throughout the course of last year (2020) prior to selecting our final goal. One of our brainstormed potential goals was to institute a Pulmonary Rehabilitation program for our lung cancer patients, and although this was discussed as a potential goal it was not ultimately selected as our program goal for 2020. In one Cancer Committee meeting we did discuss some of the potential barriers that may affect trying to start the program but no real work was done towards the implementation of Pulmonary Rehabilitation as our program goal.

Since we discussed it in 2020 but did not select it as an annual program goal and did no real work towards implementing/improving this service in 2020, would our cancer program be able to select and use Pulmonary Rehabilitation as our program goal or QI initiative for 2021?

Answer

Yes, if the goal was not selected in 2020, it can be used in 2021.
Standard 7.4 Cancer Program Goal

Our facility chose a program goal for 2020 of implementing the synoptic operative reports. We have documentation of meetings and plans for implementation; however, since the CoC has not released the templates yet our goal is not complete. Will this be considered a deficiency?

Answer
A goal does not have to be complete to meet compliance. You must document the goal as well as at least two status updates in cancer committee minutes for compliance. You can also carry the goal over into the following year by providing an update at the last meeting of the year and then at least one additional update the following year.

However, goals cannot duplicate requirements or be an improvement on requirements for another standard. You must be sure your goal does not replicate the requirements of Standards 5.3-5.8.
Standard 7.4 Cancer Program Goal

We have a question about the wording in the standard that states "The cancer committee must document substantive status updates on goal progress at two subsequent meetings after the goal's establishment in the same calendar year." In 2020, we completed the steps necessary to go live with our Integrative Therapy Program. January 2021, our program went live. Would that meet the goal criteria? Previously, some of our sites within our system offered virtual programming for Integrative Therapy. We combined those virtual offerings as a system for our Integrative Therapy Program. This means that those sites within our network who did not have resources to offer an Integrative Therapy program now have access to a program and as of January 2021 we are able to touch and reach a larger demographic. Throughout 2021 we will implement new programs as part of the program, update the monthly program calendar/flyer to reflect offerings for each month and conduct a survey to evaluate the success of the program.

Answer
That would meet the criteria for standard 7.4 for 2020. A new goal will have to be implemented and documented for 2021.
Standards 7.4 Cancer Program Goal

If a goal is initiated and subsequent status updates are done, but the goal is not met, is this standard still compliant for survey purposes? Thank you

Answer
Yes, this meets the standard.
Standard 7.4 Cancer Program Goal

Can development and implementation of a Hematologic and Genomics Cancer Conference be our goal? It is out of the realm of the usual cancer conferences with the focus on genomics. The committee is strongly in favor of this effort. Thank you.

Answer
Yes, if you follow the requirements of the standard as written in the manual and that the goal is SMART (Specific, Measurable, Achievable, Realistic, and Timely.
Standard 7.4 Cancer Program Goal

Our 2020 goal was to identify potential lymphedema patients at our Breast Tumor Board meetings. The outcome was incomplete with obstacles mostly identified due to Covid restrictions and physicians reluctant to refer or not understanding the need.

Since we were not able to complete and meet that goal, are we permitted to carry it over for 2021, but show new/added initiatives in order for the goal to succeed?

Answer
If it was a 2020 goal, then you would continue on with the goal in 2021 with documentation and establish a new goal for 2021.
Standard 7.4 Cancer Program Goal

Analysis of our 2020 Cancer Conference Grid showed zero cases discussed in cancer conferences for supportive services. Since Std. 2.5 does not state a percentage requirement for elements of discussion, could we set a goal to increase discussion from 0% to 90%?

Answer
No. Basically, you are trying to comply to the cancer conference standard.
Standard 9.1 Clinical Research Accrual

Our Cancer Committee has met with our Medical Oncologist & IRB Director and we would like to ask if this study could be used or replicated for STD 9.1, it could also provide education for our Residents. "Patient and clinician experience of a serious illness conversation guide in oncology: A descriptive analysis." Written March 19, 2020 in Cancer Medicine. This trial is registered at Clinical Trials.gov: NCT01786811

Answer
Provided all requirements of the standard are met, a study replicating the one described above is acceptable.
Standard 9.1 Clinical Research Accrual

Can we use retrospective survey data collected in 2020 to count towards 2021?

Answer
t would need to meet all the criteria outlined in the standard; cancer-related, IRB approved and have informed written consent, unless waived by IRB.
Standard 9.1 Clinical Research Accrual

For Std 9.1 can we count all the patients enrolled in a screening clinical trial that is being operated out of a staff physician office at our facility or can we only count patients who have a positive diagnosis from their screening and are also enrolled in the clinical trial?

Answer
Participants who enroll and participate in a cancer-related clinical trial with IRB approval and patient consent can be counted. The standard does not indicate that they have to be positive or negative, just enrolled and participating. Please see the section "Calculating Compliance" on page 85 in the standards manual to determine which enrolled participants can be counted.
Standard 9.1 Clinical Research Accrual

Our clinical research coordinator would like to know if a patient is enrolled in a study for 5 years, do they count toward our accrual numbers for every year they are enrolled or just the year they signed the consent form?

Answer
The patient counts just for the initial year.
Standard 9.1 Clinical Research Accrual

Does the patient who we referred to another facility have to be enrolled in a clinical trial there in order to be included in our accrual numbers?

Answer

Yes, the standard is about accruals to clinical research trials, which means enrollment - whether onsite trial or referred trials.
Standard 9.1 Clinical Research Accrual

Do clinical trial policies for screening and providing information to subjects need to be approved by the cancer committee?

Thank you

Answer

No, they do not need to be approved by the Cancer Committee, but it is important that they be shared.
<table>
<thead>
<tr>
<th>CoC Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 4.4 Genetic Counseling and Risk Assessment and Standard 7.3 Quality Improvement Initiative</td>
</tr>
</tbody>
</table>

Would there be any issue with the following scenario? In 2020, we chose pancreatic cancer as the selected cancer site for Std 4.4 genetic assessment monitoring, and in doing so recognized need for improvement in referring pancreatic cancer patients for genetics evaluation. So for 2021, we're considering again selecting pancreatic cancer for our selected cancer site for Std 4.4, and for Std 7.3 we'd like to devise a QI project around increasing our genetic evaluation referral rate for pancreatic cancer patients.

Our concern is not the repeating pancreatic cancer for Std 4.4, because the CoC Standard specifies that programs may repeat the same site year to year. The concern that was raised is if there is any issue with Std 7.3 and Std 4.4 both focusing on pancreatic cancer within the same year?

Answer
There is no issue with this. It is fine.
Standard 6.1 Quality and Outcomes

Does participation in the American College of Radiology's National Mammography Database count as a specialty-specific QI program for Standard 6.1?

Answer

The Standard states that the specialty specific programs reflect "physician members participate in their specialty-specific quality improvement program”, the NMD is not for individual physicians and therefore would not be accepted for Standard 6.1. This response was confirmed by NAPBC Leadership.
NAPBC Standard 6.1 Quality and Outcomes and CoC Standard 7.2 Monitoring Concordance with Evidence-Based Guidelines

Can we utilize a study that we completed for CoC Standard 7.2 (Monitoring Concordance with Evidence-Based Guideline) to fulfill NAPBC 6.1 as outcome study? It's a breast study.

Answer
If the study meets all of the standard requirements outlined for NAPBC S6.1, then it could be used to fulfill both standards.
Standard 6.1 Quality and Outcomes

Our BPLC would like to evaluate the effectiveness of an intervention to increase accrual to breast cancer clinical trials. The intervention and intent of the study is NOT to demonstrate compliance with Standard 3.2 but to improve our accruals to clinical trials. Is this an acceptable QI study for 2021?

Answer
The topic as you have presented could fulfill the NAPBC Standard 6.1 requirements. As long as this study is focused on a clearly stated problem, you define the intervention. and the study does not duplicate the NAPBC Standard 3.2 requirements it could be meet the requirements.
NAPBC

Standard 6.2 Quality Improvement

When we did our annual audit for NAPBC Standard 2.6, we noted that we need to improve our use of AJCC/TNM staging in our documentation. We would like to use this as one of our quality improvement projects for 2021.

I see in Standard 6.1 that "review of data presented in the NCDB data reports or tools (including measure compliance) do not fulfill the requirement for this standard." Does this statement mean that we cannot use an improvement opportunity identified through a required annual audit for a QI project?

It seems to me that we should be able to use the required annual audit (and noted deficiency) as our baseline and then design interventions to improve upon that—-is this accurate? Can we use our noted need for improvement in Standard 2.6 as a QI study?

Answer
Yes, you can use the audit findings as the data source and baseline for your QI project. This data illustrates the problem to begin your project.

For the note in S6.1, your center would not be able "improve compliance with the quality measure" as your study, since it is expected that improving compliance with the QM is part of expectation for that standard.
Standard 6.2 Quality Improvement

One of our NAPBC studies for 2020 initially was delayed 2/2 COVID. Now the internal funding for this project has been frozen. The investigators have applied for external grant funding but will not find out until 4.21 if they have been awarded funding. If the study then does begin mid-21, is it still counted for 2020 or can it be counted for 2021 since it never was started in 2020?

Answer
The study should be counted for 2021.
Standard 2.1 Rectal Cancer Multidisciplinary Care

In order to function well for our radiology workflow to read the pelvic MRIs, 9 members were appointed to the RCP MDT. As long as they are compliant in their MDT attendance percentage, will this be considered compliant (the fact that we have 9 vs 8 members for this specialty)?

Answer
For purposes of the NAPRC, up to 8 specialists may be appointed to the RC-MDT for radiology. The specialists appointed to the RC-MDT are those that are considered for Standard 5.3 compliance. It is left to the discretion of the program whether additional individuals attend the RC-MDT.
Standard 2.2 Rectal Cancer Program Director

RCRS has a rectal cancer measure and there will be CQIP data available in 2021. What are examples of other NCDB data to be reported on at the 4 required meetings?

Answer
Because the NAPRC rectal cancer measures in the National Cancer Database (NCDB) are in development, the four reports on NCDB data required in Standard 2.2 are not currently being rated. However, it is encouraged that the Rectal Cancer Program Director begin to report on data that is relevant to the rectal cancer program from the program's own registry or through other NCDB tools, such as the CQIP report.
Standard 5.2 Staging Before Definitive Treatment

Our MDT has had multiple discussions regarding pursuing rectal MRI on patients with widespread metastatic disease felt to be unresectable. We have decided that the patient does not need to be put through MRI in this scenario as it does not change treatment plan. I just would like to make sure that we are still meeting standard 5.2 so long as we have CT scan of the chest abdomen pelvis and/or PET scan. Can you please verify?

Answer

For patients with metastatic rectal cancer, we would defer to the physician's judgment as to whether the MRI is necessary for local staging. If it determined that it would not add any benefit for the patient's treatment planning, please document this decision in the medical record.
Standard 5.2 Staging before Definitive Treatment

Given the gray zone of rectosigmoid cancer, is the definition/decision to treat (& therefore include/not include in NAPRC data) as rectal cancer vs sigmoid colon cancer up to the discretion of our program physicians?

Answer

Yes, whether it is rectal cancer is left to the discretion of the surgeon/physician. If the case was coded as a rectal cancer, then it is a rectal cancer.
Standard 5.2 Staging Before Definitive Treatment

Medical oncologists, Radiation oncologists, Diagnostic radiologists and Surgeons all provide their best estimate of clinical staging when working up rectal patients. Sometimes this information may be conflicting.

Where should the clinical (pre-treatment) staging by documented, and by whom? Is there a hierarchy we should follow of which physician to prioritize staging information from?

If we document in our cancer conference notes and/or treatment summary recommendation letter, or in the rectal committee minutes, are these places acceptable to document the staging discussed during conference?

Answer
This is left to the discretion of the program and is to be discussed at the 5.5 rectal cancer multidisciplinary team meeting. We recommend consulting with legal and/or risk management department(s) to conform to local policy and requirements for conducting and documenting multidisciplinary team treatment discussions and communicating with the patient.
Standard 5.5 Rectal Cancer Multidisciplinary Team Treatment Planning Discussion

Patient was admitted, was diagnosed with Stage 4 rectal cancer. While inpatient, radiation to bone mets was initiated before patient could be discussed at the next MDT conference. Can this patient be excluded from this measure?

Answer
Stage IV patients are not excluded from the NAPRC standards. In some cases, patients who require emergency treatment may be an exception to compliance for Standard 5.5. Emergency patients still need to be presented and discussed with the Rectal Cancer Multidisciplinary Team. The actual application of the standards will depend on the unique scenario.
Upcoming Webinars

NAPRC – Practical Tips, Pearls, and Advice from the Trenches – Part 2
Tuesday, June 22, 2021, at 6 pm CDT

CAnswer Forum LIVE – August 2021
**Topic:** Quality Improvement and Standard 7.3
*Question submission open now until August 2, 2021*
Wednesday, August 18, 2021, at 12 pm CDT

Pelvic MRI for Rectal Cancer: Tips on Interpretation
Tuesday, September 14, 2021, at 5 pm CDT

Metastatic Breast Cancer Webinar
*Coming soon – September 2021*

Webinar information and registration is located:
[https://www.facs.org/quality‐programs/cancer/events](https://www.facs.org/quality‐programs/cancer/events)

Cancer Programs Newsletter - Register
Thank you for joining the webinar today!

- Please help us improve the webinar by completing the evaluation.
- CE and CNE instructions included in post webinar email
- Webinar available through ACS learning management system
- Slide PDF posted to webinar registration page