

# Cancer

PROGRAMS

AMERICAN COLLEGE OF SURGEONS

## National Cancer Registrars Association

### June 3, 2021

## Questions and Answers



A QUALITY PROGRAM  
of the AMERICAN COLLEGE  
OF SURGEONS



AJCC  
American Joint Committee on Cancer

On June 3, 2021, ACS Cancer Programs presented several sessions at the National Cancer Registrars Association (NCRA) Conference including Post-COVID: Effects on Data Collection, Operations, and Patient Outcomes; The Latest in Cancer Registry Data: Improvements to STORE; and AJCC Staging and AJCC TNM Staging System: Past, Present, and Future Staging Issues. In response to questions from participants at these sessions, ACS Cancer Programs has provided written responses below to all questions received. If you have any additional questions, please contact [NCDB@facs.org](mailto:NCDB@facs.org)

### RCRS Questions

1. So, this would explain why we can't get into the system very early in the mornings? Generally, we can't access it until about 8am. Some of us need it earlier for Cancer Committee meetings. Just wondering.
  - a. Yes, we are working with our vendor to adjust the timing of the nightly updates so registrars across multiple time zones can access the system in a timely fashion.
2. What Organizations use Rapid Cancer Reporting System (RCRS)?
  - a. RCRS is used by CoC Programs
3. Many hiccups with RCRS. How are you trying to improve? Agreed that many Cancer Committee meetings are early mornings and unable to tie into RCRS to report to the committee. Any insight? Thank you for this presentation.
  - a. We have continued to optimize RCRS over the course of this first year of operation. Feel free to send any and all specific feedback or concerns to [NCDB@facs.org](mailto:NCDB@facs.org)
4. If a facility is not accredited they do not have access?
  - a. Correct. Only CoC-Accredited hospitals submit data to and have access to RCRS.
5. Will RCRS begin to recognize duplicate cases after submission so that we do not have to email a list of cases that should be removed?
  - a. We are working internally and with our vendor, IQVIA, to make identifying and deleting a case more efficient.
6. Are the 2019 Quality Measures (QM) updated when treatment is added and updates are submitted to RCRS?
  - a. Yes. We update Quality Measures (QM) all the way through the current date, depending on what cases you are submitting. There are already some QM data for 2021 diagnosed cases.
7. I have patients on my alert list that have been updated a couple of weeks before. What is the process of getting those cases cleared off the alert list?
  - a. Alert cases are tied into our Quality Measure processing and should be updated within a day or two of your submission. Please contact us if you are seeing cases that are not updating accurately and timely by emailing [NCDB@facs.org](mailto:NCDB@facs.org)
8. I have patients with Alerts who refused treatment. How do we get the Alert cleared when they refused?
  - a. Please review the coding of your case and follow STORE rules. Each measure has its own specifications. Some do not allow refusal to be concordant, such as the BCSRT measure. Review the measures in the RCRS Library. Cases will remain on alerts until the time for expected treatment has passed. The timelines can be found in the RCRS User's Guide for each measure.
9. I'm curious how the move to rapid reporting will change the definitions of productivity for registrars.
  - a. Each program establishes their productivity guidelines. RCRS is a reporting tool to meet CoC Accreditation Standards.

10. Why weren't surveillance metrics included in RCRS? Are there plans to add them? What happened to the proposed prostate metric(s) from ~2018?
  - a. We streamlined the CP3R measures in order to launch RCRS and are evaluating current and future Quality Measures for inclusion in RCRS. Our focus is on the impact, importance, and feasibility of all QMs.
11. "If the facility has not updated to v21 due to waiting on the state to release v21, are we still to submit all cases monthly? Our software is still using v18 currently"
  - a. Yes, we currently support V18 and V21.
12. "Is this where we upload our NCDB?"
  - a. All monthly data uploads and call for data uploads are all now through RCRS. It is the only way to submit data to the NCDB.
13. What is ACOS doing to account for patient refusal? What is ACOS doing to account for changes in standard of care meaning that the old gold standard of First Course of Treatment within 4 months is no longer as reliable as it used to be? We're seeing chemo regimens still being given a year or more after surgical resection (i.e. maintenance). This would have a huge impact on any definition of timely reporting, and our administrators look to the standard setters to set our goals.
  - a. All monthly data uploads and Call for Data uploads are all now through RCRS. It is the only way to submit data to the NCDB. Most measures are compliant if treatment was recommended and/or administered (during the specific time window). The BCSRT measure must be administered to be compliant. Please remember that CoC does not expect 100% compliance with any CoC measure. Currently the NCDB has no plans to change the current coding to account for patient refusal for adjustments in first course treatment. However, this topic will be added to the discussion at Quality Improvement Committee.
14. A new case usually gets a suspense number, but it looks like it will need an accession # right away is this correct?
  - a. Suspense numbers can be submitted however registry should work with your vendor to remove any alpha characters prior to RCRS submission, as alpha characters will not be accepted.
15. What are the 15 fields?
  - a. The RCRS User Guide has all the fields listed and can be found in the RCRS Library.
16. Is there a short and simple tutorial for CTR's to use to help their physicians understand the process? I think there is a disconnect between how WE understand and interpret vs how WE explain to THEM in a language that we all understand? Kind of train the trainer.
  - a. Please review the informational material available in the RCRS Library.
17. How could we ever submit cases within 60 days of dx if we don't even see the patient until well after the 60 days after dx?
  - a. Currently there is not a timeliness requirement.
18. So we should be submitting cases put in suspense also?
  - a. Currently this is a decision of the program. Cases can be submitted from case finding to completion of abstracting.
19. Are you working to resolve the extreme time that is required to upload cases to RCRS?
  - a. Yes, we are working with our vendor to potentially enable zip files. We are also rolling out functionality that allows registrars to upload multiple files in a row without needing to wait for each one to fully upload.
20. Is there a way to track or know our timeliness on submitting within 60 days?

- a. Currently there is not a timeliness requirement.
- 21. Should it be 60 days from diagnosis or 60 days of date of contact? Wouldn't we need to ensure the case is analytic before entering it as a new case into RCRS?
  - a. Currently there is not a timeliness requirement.
- 22. So, to clarify, we need to be assigning an accession number and abstracting the 15 critical fields within 60 days from diagnosis and submitting to RCRS monthly?
  - a. This is not a current standard. This is a hypothetical timing we are working with to describe how concurrent abstraction might be defined in the future.
- 23. Rolling Updates may work for hospital registries - but, they do not work for central, state, and federal registries with ever-changing definitions, instructions, classification and categorization of cancers every year. There is an enormous need for CoC to work with state, federal registries to ease up on rolling updates concepts so we can have data we can compare over time without all these definitions that change the meaning of data items and even specific codes when small changes are made. We need to stay current - but stable - with ability to go both backwards and forwards from current point in time to be able to compare data for trends analyses and more.
  - a. The NCDDB supports CoC accredited programs, which are generally hospitals. We do not share our data with central, state or federal registries. Each of these registries has their own reporting structure.
- 24. Are they working on bringing the exclusions back?
  - a. At this time, we are evaluating Quality Measures without adding additional data entry functionality in the RCRS system, which is a reporting not an abstracting system. QM compliance rates are never expected to be 100%, and patient exclusion rates that cannot be directly submitted to RCRS should not be significant enough to affect compliance with a QM. Please let us know if you have any specific concerns about your hospital and a specific quality measure.
- 25. Rolling updates don't work well for hospital registries either. It's a real challenge to track down and inform staff of changes...
  - a. To view the rolling EPR for a measure, click on the Rolling EPR tab in the lower left-hand corner of the Quality Measure report, the instructions are in the RCRS Library.
- 26. Seems to be a little bit of backtracking, as we were told with the implementation of this (RCRS) that they would be no need for a call for data anymore, now it sounds like we're going to be doing both for a while. Is that correct? Because this is creating a lot more productivity issues which turned into staffing issues
  - a. It was determined that a Call for Data would be required for 2021. We continue to monitor monthly data submissions in RCRS to determine when the Call for Data can be fully phased out.
- 27. Sixty days is too soon on some cases to even determine if it's analytic on some cases. Is that target a requirement for accredited facilities? If so, is there a way to "unsubmit" cases if they are later determined to be non-analytic? Or will those cases negatively impact EPRs and alerts indefinitely?
  - a. There is currently no timeliness requirement.
- 28. I concur, rolling updates by different standard setters continues to be a challenge and impacts productivity and reporting. Are there any updates on how to keep up with this.
  - a. Programs should develop a process that works for them.
- 29. Is NDCB looking at some way to resolve the issues with sequence number? i.e. we submit a case as a sequence number 00 then the patient has a new primary and that original case is changed to 01. Then we have to request that the 00 be deleted. Process for this is cumbersome.

- a. Yes we are working with our vendor however currently programs should develop a process of tracking and requesting deletion of previously submitted cases with accession/sequence number.
- 30. Is RCRS monthly submissions to capture new diagnosis or all changes made in the previous month?
  - a. Monthly RCRS submission should contain all new and updated cases from the last submission.
- 31. Is concurrent abstracting mandatory this year?
  - a. Concurrent abstracting is currently not mandatory.
- 32. Part of the problem with rolling updates instead of annual updates is not just stability vs currentness of the data, but also training of personnel. It is not realistic to expect registries or registrars to be able to keep track of changes when the timing/distribution of those changes is unpredictable. "What did I miss?" is tough enough as is.
  - a. Yes, we agree that it is very important to coordinate the updates across central registry systems, vendors and hospital registries. We are working on this in coordinated fashion with surveillance groups, so that we have one coordinated release. I hope this clarifies our approach toward making it easier to keep track of updates and addresses the question you asked.
- 33. "Has AJCC considered going forward to have software vendors add 3 text fields, 3 date fields, 3 boolean fields that are not used but could start being used immediately when something like covid hits. Then you wouldn't have to wait until fields were added.
  - a. This is not an AJCC question, as AJCC only has data items for staging which are well planned. Yes, across the board the ACS Cancer Programs are looking to increase flexibility. The NCDB now has some limited flex fields, so we are moving in the right direction. Thank you for the suggestion.

### COVID-19 Questions

1. What, specifically, is ACOS doing to support hospital registries who are still struggling to catch up due to the 2018 changes, COVID-19 and staffing shortages, etc? What is ACOS doing to educate physicians and leadership and advocate for the importance of collecting these data items? From our perspective, we're still expected to abstract a case in 1-1.5 hours regardless of how much backtracking we have to do to find data that wasn't available at the time of rapid submission.
  - a. In the short term we have reduced long term follow up to 2004, which may help reduce the amount of time registrars spend trying to find patients to record their end results. We are also studying whether we can reduce long term follow up to 12- 15 years maximum. Lastly Commission on Cancer is promoting synoptic clinical reporting (pathology and surgery) so that clinical information is more accurate, complete and easy to find.
2. Also, is there, or will there be an added field to simplify COVID-19 related treatment delays? Will the reporting timelines be loosened or waived for 2020?
  - a. There are no plans to add additional fields for COVID-19. Nor are there timelines for reporting. COVID-19 data items must be collected on all reportable malignancies diagnosed during calendar years 2020 and/or 2021.
3. Is the COVID-19 fields deal with only at time of diagnosis/first course treatment?
  - a. Collect on all cases with reportable malignancy diagnosed during 2020 and/or 2021.

4. Who determine Patient's TX impact by COVID-19 after new COVID-19 items collected? I hope it not abstractor job.
  - a. The registrar should review the medical record and select the most appropriate code following STORE rules. Per STORE rules, physician documentation supports the COVID treatment data item.
5. Are you interested in post treatment COVID-19 status, or just status in the context of treatment period?
  - a. Please collect data items for all cases with reportable malignancies diagnosed during 2020 and/or 2021.
6. Will we need to go back and update any 2020 cases that were abstracted before the COVID fields were implemented with the new COVID-19 data items?
  - a. Yes.
7. Is there a final date in 2021, when all the 2020 cases will need to be updated with the COVID-19 data?
  - a. There is not a final date however your case is not complete until the COVID-19 data items are completed for cases with reportable malignancies diagnosed during 2020 and/or 2021.
8. Are we required to go back to ALL COVID-19 information for 2020? Our software wasn't updated until June? Or can we start collecting from the time the software was updated?
  - a. Yes, all cases with a reportable malignancy diagnosed during 2020 and/or 2021 are to be coded for the COVID-19 data items.

### STORE/Call For Data Questions

1. Where do you find updated FIN numbers?
  - a. The CoC has discontinued publishing the Facility Identification Number (FIN) of accredited hospitals on the American College of Surgeons' (ACoS) website. This list of FINs is protected information and is not required for NCDB data collection.
2. Does ACOS anticipate periodically reviewing the diagnosis date for required follow-up? 2004 is lovely for now...
  - a. This is being discussed. We will continue to study whether other adjustments in long-term follow-up can be made without compromising the integrity of existing reports and studies. Stay-tuned for more details.
3. The follow up changes will be nice, but when will the NCDB start including pediatric tumors in the groupings for building tables? The lack of these histologies in the report builder is impacting our ability to look at long-term progress in all the different comparison fields that you offer. It's practically impossible to utilize them for benchmark reporting requirements.
  - a. NCDB at this time is reconsidering pediatric reporting. Once a decision has been made communication will be sent.
4. We need to push to have a national central repository for follow-up to put in a pin number with our cases and have them updated. Is COC looking into a better process for follow-up on a national level?
  - a. The NCDB does not collect patient identifiers, nor do we consolidate patient records, so we are unable to address the patient follow up standard in this suggested way.
5. Can't you just use the CPT Codes instead of translating into bogus codes - better data quality and more complete accurate coding for the procedures performed and treatment given...
  - a. We continue to look at ways to update our code sets and use industry standards to replace proprietary codes. We remain concerned about the accuracy of CPT codes for quality purposes.

6. Question and comment. Cancer data collection has always been so fragmented. Has there ever been a push for a national data collection application/system going into one repository used by hospital registries, state registries and central registries?
  - a. I'm not aware of a push for this. Our surveillance partners monitor populations of patients, and the CoC is focused on delivering quality care through hospitals. It would be difficult to combine our different missions into one apparatus.
7. How can you have accurate survival data if you don't do the lifetime follow up that most of us have been taught to do for years?
  - a. We are assessing long term survival at a number of cross-sections over time (e.g., 10 years, 15 years, etc.) We do not want registrars collecting long term follow up/vital status past the point where the data can be used. We will be publishing our analyses for peer review.
8. Please clarify the comments re: the Jun2021 NCDB Call for Data. What are the specifics, and when was this communicated to accredited facilities?
  - a. NCDB Call for Data specifications are located on the NCDB Call for Data webpage located at <https://www.facs.org/quality-programs/cancer/ncdb/call-for-data>. A blast email was sent out on May 3, 2021 from [NCDB@facs.org](mailto:NCDB@facs.org)
9. So June 2021 is NOT the last Call for Data?
  - a. We are monitoring submissions to ensure that hospital registry vendors have correctly updated their data pulls for submission to the NCDB. Once we are certain hospitals can submit their data (all disease sites) on a monthly basis, and we can certify the newly submitted cohorts as being complete, we will discontinue the Call for Data. It is not clear if 2021 will be the final call for data yet.

### Site Visits, PDSA Study, Op Template Questions

1. What is the plan moving forward for site visits? Will the college go back to in person visits or stay with virtual? Will facilities and/or surveyors have an option?
  - a. We are looking into the future role of virtual site visits in accreditation, so stay tuned. We are grateful for all of you who made virtual site visits a success during the pandemic.
2. Is there a plan to offer virtual site visits even after on-site visits can resume? If so, will that change the cost to hospitals for their surveys?
  - a. The virtual sites visits have been successful, that yes, we are considering how we might incorporate them into future accreditation processes. We do not have an answer today, but we probably will have an answer soon.
3. One reason that the more rural hospital or community hospital is not part of COC. Could be the price of the COC accreditation process.
  - a. We are trying to better understand what rural hospitals most need and would want from CoC accreditation and what the cost implications are.
4. The CoC PDSA Study & ACS RTS QI project are two different projects. Correct? The CoC study meets CoC standards 8.3, 7.3, 9.1 & NAPBC standards 6.1, 3.2, 4.1. We have confirmation that the CoC standards will apply but does the ACS Project also meet the NAPBC standards?
  - a. Correct, they are two different projects. One ACS project will provide two credits for CoC standards (7.3 and 8.3). No to NAPBC, there is no arrangement for NAPBC standards credit for the ACS RTS QI Project.

5. In regard to the project study-Our facility completed the RedCap form A. Where and when do you get form B and C?
  - a. Thank you for participating in this important return to screening effort. REDCap FORMS B and C were sent June 7 to everyone who submitted FORM A.
6. I appreciate the new CAP protocol reports. It does make it easier to abstract quality data from the surgical path. reports.
  - a. Yes the synoptic reports have repeatedly been shown to provide more accurate and complete clinical information and so we believe they are the future and will help us gather better data, faster.

### AJCC Questions

1. Has there been any consideration of not printing a hard copy of the next AJCC 9th edition, and any other manuals registrars use? It is easier to make updates in real time if all of the manuals were online.
  - a. Yes, we are trying to create and disseminate as many user options for AJCC 9th edition as the cancer community needs. It was easier when books were written, published, and distributed, but they do not keep pace with medical changes and we are having to get the material into the workflow of cancer providers, registrars, researchers, registrars etc. using digital strategies. We have used focus groups to inform us of where the needs are greatest. Keep your eye out for invitations to focus groups so we can get more insights from you on how to best deliver content for you and your colleagues.
2. As previously asked by another attendee, any potential for Hard copies of AJCC or AJCC manual to be uploaded and not on a Kindle. A fellow registrar suggestion was to have it available for hospitals to purchase annually or every 5 years to be able to provide to their cancer registry. It was calculated that in time it would cost us over \$800.00 to purchase individually. I also don't have a Kindle. This cost could end up being put on the individual registrar....Thank you....
  - a. We are working on making AJCC available in as many options as is possible. Right now it is inside the electronic medical records, also in many institutional libraries, on Kindle, and individual disease sites can be printed on demand through Amazon. We will keep working on getting to everyone in the form they need to support their workflow. You do not need to have a Kindle device in order to use the Kindle products. There are free Kindle apps that allow you to use the content on a PC, MAC, tablet, phone, and other devices.