



Cancer Liaison Physicians Meeting

February 11, 2026

Commission on Cancer

Cancer Liaison Physicians Meeting

Maria Castaldi, MD, FACS

Chair

Committee on Cancer Liaison



Quan Ly, MD, FACS

Vice-Chair

Committee on Cancer Liaison



Upcoming Meetings

Cancer Liaison Program Office Hours

Wednesday, March 11

Quality Improvement with Dr. James McLoughlin

Monday, April 20

Operative Standards with Dr. Timothy Vreeland and Dr. Matthew Facktor

For more information, contact Melissa Leeb at mleeb@facs.org.

ACS/ AMERICAN COLLEGE
OF SURGEONS

QSCC26

**Quality, Safety
& Cancer Conference**

July 30–Aug 2 | Orlando, FL

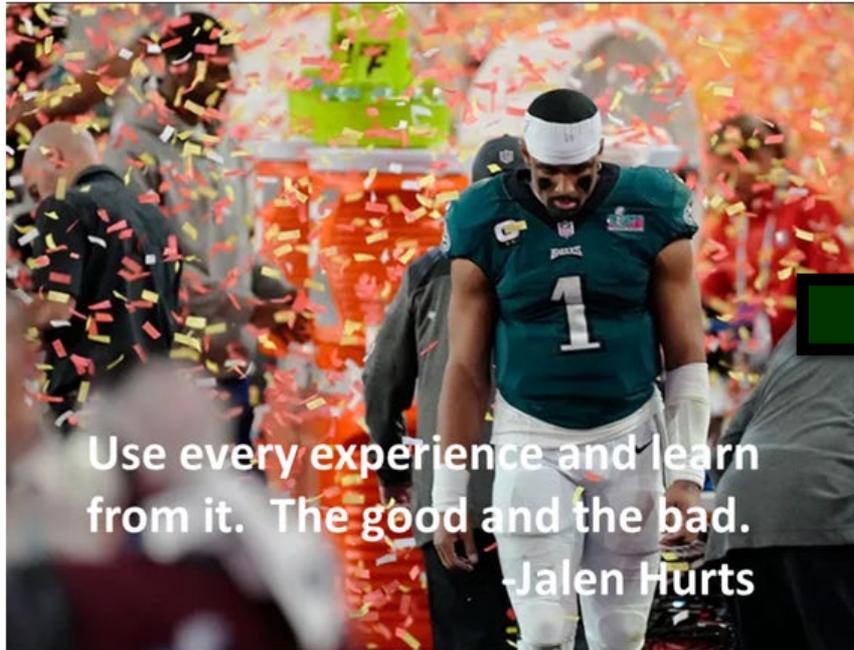
#acsqsc26
facs.org/qsc26

**Save
the
Date**

CoC Standards Updates for 2026

Aaron Bleznak, MD, MBA, FACS, FSSO
Chair, CoC Accreditation Committee

How Accredited Programs React to Noncompliance(s)



2023



2025

MENU

- Updated Standards
 - Operative Standards 5.3-5.6
 - NCDB Data S2.2, 6.4, 7.1
- New Standard
 - Smoking Cessation S5.9



A QUALITY PROGRAM
of the AMERICAN COLLEGE
OF SURGEONS

Optimal Resources for Cancer Care

2020 Standards | Effective January 2020
Updated October 2025

FOUNDED IN 1913
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RODESSE

facs.org/cancer



ANNOUNCEMENT: Changes in Operative Standards (5.3-5.6) Assessment

Current State



Standard evaluated solely on **Site Reviewer** audit of operative reports



Evaluated once every three years

New Process



When is this change happening?

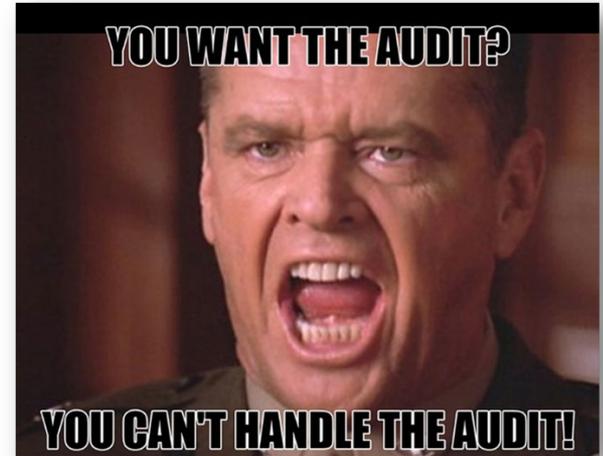
2026 Site Visits: Current Site Reviewer Audit Process will apply

- 2026 completes three years of Standard 5.3-5.6 being assessed by the Site Reviewer and allows all programs to benefit from this process

2026 Program Activity: ALL programs must complete audits and, if applicable, action plans for Standard 5.3-5.6

Requirements during 2026

- Programs must perform an **audit of 30 cases** (or all applicable cases) of eligible cases. For each case, the audit must assess:
 - All **required elements** are present in the operative report in **synoptic format**
 - **Responses** to the required elements are appropriate
 - All elements of the audit are **recorded in the CoC audit template**
- Audit results must be reported and discussed with the cancer committee each year **AND documented in the minutes**



Example of CoC Audit Template (2/23/2026)

Audit templates provided that facilitate consistent application across cancer programs

 Commission on Cancer American College of Surgeons	CoC FIN or Company ID:																		
	Completed By:																		
	Years of Accreditation Cycle:																		

Reminders
 Standard applies to all nodal staging operations performed with curative intent for patients with breast cancers of epithelial origin. If the case does not meet these parameters, select another case.
 Synoptic elements/responses must be in the operative report of record, not the brief operative note.
 Cases must meet both technical and documentation requirements to be compliant.
 Audited cases must represent operations from all surgeons who perform the procedure within the facility.
 See "Instructions for Use" tab for additional information.

Case Information			Required Elements														Compliance Summary		
Case identifier (NO PHI)	Surgeon	Was the operation performed with curative intent?	Tracer(s) used to identify sentinel nodes in the upfront surgery (non-neoadjuvant) setting	Tracer(s) used to identify sentinel nodes in the neoadjuvant setting	Were all nodes (colored or noncolored) present at the end of a dye-filled lymphatic channel removed?		Were all significantly radioactive nodes removed?		Were all palpably suspicious nodes removed?		Were biopsy-proven positive nodes marked with clips prior to chemotherapy identified and removed?		Are all required elements and responses present and in synoptic format?		Overall compliant or non-compliant	If non-compliant, select whether the noncompliance was technical, documentation, or both?	If non-compliant, include any applicable comments		
Column-specific instructions	Audited cases must represent operations from all surgeons who perform the procedure within the facility	If "no," the case is N/A and another must be selected for review	Non-compliant if: -"Other" is selected but no explanation is included. -N/A is selected for both column E and G. -Tracers are listed for both column E and G.	Non-compliant if: -"Other" is selected but no explanation is included. -N/A is selected for both column E and G. -Tracers are listed for both column E and G.	Non-compliant if: -"No" is selected but no explanation is included. -N/A is selected for both column E and G. -Tracers are listed for both column E and G.	Non-compliant if: -"No" is selected but no explanation is included. -N/A is selected for both column E and G. -Tracers are listed for both column E and G.	Non-compliant if: -"No" is selected but no explanation is included. -N/A is selected for both column E and G. -Tracers are listed for both column E and G.	Non-compliant if: -"No" is selected but no explanation is included. -N/A is selected for both column E and G. -Tracers are listed for both column E and G.	Non-compliant if: -"No" is selected but no explanation is included. -N/A is selected for both column E and G. -Tracers are listed for both column E and G.	Non-compliant if: -"No" is selected but no explanation is included. -N/A is selected for both column E and G. -Tracers are listed for both column E and G.	Non-compliant if: -"No" is selected but no explanation is included. -N/A is selected for both column E and G. -Tracers are listed for both column E and G.	Non-compliant if: -"No" is selected but no explanation is included. -N/A is selected for both column E and G. -Tracers are listed for both column E and G.	Non-compliant if: -"No" is selected but no explanation is included. -N/A is selected for both column E and G. -Tracers are listed for both column E and G.	Non-compliant if: -"No" is selected but no explanation is included. -N/A is selected for both column E and G. -Tracers are listed for both column E and G.	Non-compliant if: -"No" is selected but no explanation is included. -N/A is selected for both column E and G. -Tracers are listed for both column E and G.	Non-compliant if: -"No" is selected but no explanation is included. -N/A is selected for both column E and G. -Tracers are listed for both column E and G.	Non-compliant if: -"No" is selected but no explanation is included. -N/A is selected for both column E and G. -Tracers are listed for both column E and G.	Non-compliant if: -"No" is selected but no explanation is included. -N/A is selected for both column E and G. -Tracers are listed for both column E and G.	Non-compliant if: -"No" is selected but no explanation is included. -N/A is selected for both column E and G. -Tracers are listed for both column E and G.
1	Bleznak	Yes	Radioactive tracer	N/A	N/A	Yes	Compliant												
2	Bleznak	Yes	N/A	Dye; Radioactive tracer	Yes	Non-compliant	Documentation												
3																			
4																			
5																			
6																			
7																			

Requirements during 2026

- **2026 Program Activity:** ALL programs must complete audits and, if applicable, action plans for Standard 5.3-5.6
- If the audit demonstrates that all requirements are met in 80% or more cases, no further action is needed
- If audit demonstrates less than 80% compliance, then a **meaningful action plan** must be developed
 - Requires a second audit within 6 months to determine impact of intervention
 - Absence of an action plan OR consecutive action plans without new/additional action will result in deficiency



Operative Standards Implementation Timeline



Only programs with 2026 site reviews All Programs

Clarification: NCDB Data Reporting Requirements

Standard	Data Allowed	Frequency	Reporter	Focus of Report
2.2: Cancer Liaison Physician	<ul style="list-style-type: none"> • NCDB Benchmark • CQIP • Survival Reports 	Twice Yearly	CLP	Areas of Concern
6.4: RCRS: Data Submission	RCRS/Quality Measure Comparison	Twice Yearly	Anyone (CLP optimal)	Areas of Concern
7.1: Quality Measures	Selected Quality Measures (4)	≥ Once Yearly	Anyone (CLP optimal)	Required, selected quality measures

Required 7.1 Measures for Review in 2025

- **C12RLN**: For patients undergoing a colon resection for colon cancer, at least 12 regional lymph nodes are removed and pathologically examined at time of resection.
 - 95% benchmark
- **ACT**: For patients under the age of 80 with surgically-managed pathologic stage III colon cancer (N>0), adjuvant chemotherapy is initiated within 4 months (120 days) of diagnosis, or recommended.
 - 90% benchmark
- **LCT**: For patients with surgically managed NSCLC, pathologically staged T2 and >4cm, or T>=3, or N>0, systemic therapy (chemotherapy, immunotherapy or targeted therapy) was initiated within the 4 months prior to surgery or after surgery, or was recommended.
 - 70% benchmark
- **BCSdx**: For patients with AJCC Clinical Stage I-III breast cancer, the first therapeutic surgery in a non-neoadjuvant setting is performed within and including 60 days of diagnosis.
 - 70% benchmark

Standard 7.1: Quality Measures

Operational Reports

Cancer Reports

Alerts Report

This report provides an overview as well as detailed information regarding cases with outstanding alerts and the associated edit errors.
Note: report displays all available alerts data.

Case Log Report

This report allows users to view a filtered list of cases, along with case-level edits.
Note: report displays data available for the latest 6 years.

Quality Measures Report

This report provides details for all quality measures.
Note: report displays data available for the latest 5 years.

Comparisons Report

This report allows users to view different performance rates for quality measures and compare the rates from the users' program to the users' program category to all CoC programs.
Note: report displays data available for the latest 6 years.

Completeness Report

The purpose of this report is to give CoC accredited programs information about required data items for which they may not be providing all of the information that is available in the patient record.

Submission Compliance Report

This report allows users to track their annual submission compliance using the 90% rule, by viewing the total cases free from NCDB edits submitted before and after December 31st of the year following the diagnosis.
Note: Report displays data available for the last 6 years.

NCDB Benchmark Report

The NCDB Hospital Comparison Benchmark Reports are provided to CoC-accredited cancer programs to compare and contrast patient demographics, patterns of disease presentation by AJCC stage and other histo-pathologic characteristics, and patterns of patient management across all cancer sites. This reporting tool enables users to generate figures and tables filtered by geography, cancer program category or corporate affiliation.

- DASHBOARD
- Home Page
- PLATFORM
- Notifications
- ANALYTICS
- Operational Reports
- RESOURCES
- Library
- QPORT

NEW! Standard 5.9: Smoking Cessation for Patients with Cancer

Audit Requirements

- Each center must have a minimum of 2 cancer care providers (physicians, nurse practitioners, or physician assistants) who are trained in smoking cessation counseling.
- Act on the following:
 - Less than 90% of patients were screened for smoking status
 - Less than 80% of current smokers were referred for treatment



Process Requirements

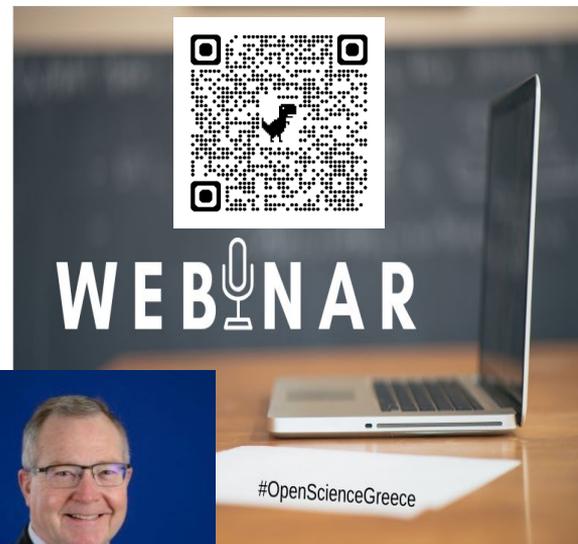
- Must implement process to screen for smoking status in patients with newly diagnosed cancer at initial consultation at accredited program for cancer treatment
- Referrals must receive or be referred for **smoking cessation treatment consistent with evidence-based guidelines.**
- Services must be available on-site or by referral

Free Smoking Cessation Webinar Available!

CoC: Smoking and Cessation Across the Continuum of Lung Cancer Risk

Instructions

Smoking cessation reduces risk of developing many cancers and benefits both patients with cancer and cancer survivors. Smoking cessation is one of the most important actions people who smoke can take to improve their health and reduce their risk for cancer. The webinar will examine the value of tobacco treatment in patients with cancer, introduce the smoking cessation standard, and discuss the implications of compliance and expectations for the site visits.



NEW: NAPBC/NAPRC QI Projects can count for CoC credit

During each accreditation cycle, one NAPBC project and one NAPRC project can be submitted for CoC credit

Example

2026 (Year 1)

- CoC QI project started
- Counts for 2026 credit

2027 (Year 2)

- NAPRC project completed
- Counts for 2027 credit

2028 (Year 3)

- NAPBC project completed
- Counts for 2028 credit

Thank you!
**Any
questions?**





American Cancer Society Update

Julie Shaver, MPH
Senior Director, Cancer Center Partnerships

2024 ACS and CoC Resource Intersections Guide



Standards Highlighted

- 4.5 - Palliative Care Services
- 4.7 - Oncology Nutrition Services
- 4.8 - Survivorship Program
- 5.2 - Psychosocial Distress Screening
- 5.9 - Smoking Cessation for Patients with Cancer
- 7.3 - Quality Improvement Initiative
- 7.4 - Cancer Program Goal
- 8.1 - Barriers to Care
- 8.2 - Cancer Prevention Event
- 8.3 - Cancer Screening Event
- 9.1 - Clinical Research Accrual




2025 American Cancer Society and Commission on Cancer Resource Intersections Guide

This guide will serve as a tool to outline available American Cancer Society (ACS) services and resources that can help support a facility's cancer program.

Please note: The ACS resources and recommendations do not demonstrate all required elements for compliance with 2020 American College of Surgeons Commission on Cancer (CoC) standards (2020 Standards). ACS is also the abbreviation for the American College of Surgeons, who establishes and oversees the Commission on Cancer. The use of ACS throughout this document refers to the American Cancer Society.

Questions regarding interpretation of the standards, criteria for compliance, and other questions related to accreditation should be directed to the [Answer Forum](https://cancerbulletin.facs.org/forums) (cancerbulletin.facs.org/forums).

The guide provides a listing of ACS resources that align with the 2020 Standards. Links are reviewed and updated annually.

ACS Common Resources:

- 24/7 Cancer Helpline: 1-800-227-2345
- [Cancer.org](https://www.cancer.org)
- [Road to Recovery®](https://www.cancer.org/road-to-recovery)
- [Hope Lodge®](https://www.hopelodge.org)
- [Cancer Survivors Network™](https://www.cancersurvivorsnetwork.org)
- [ACS CARES™ \(Community Access to Resources, Education, and Support\)](https://www.acs.org/acs-care)
- [American Cancer Society Leadership in Oncology Navigation \(ACS LION™\)](https://www.cancer.org/acs-leadership)
- [ACS ACTS: Access to Clinical Trials & Support](https://www.acs.org/acs-acts)
- [ACS Resources Search Tool](https://www.acs.org/acs-resources)
- [ACS Bookstore](https://www.acs.org/acs-bookstore)
- [Brand Central](https://www.acs.org/brand-central)
- [Cancer Information in Other Languages](https://www.cancer.org/information)
- [ACS Educational Materials, Brochures, and Flyers](https://www.acs.org/acs-educational-materials)
- [ACS National Roundtables: ACS unites organizations in collaborative partnerships through its mission-critical national roundtables.](https://www.acs.org/acs-national-roundtables)
 - [ACS National Breast Cancer Roundtable](https://www.acs.org/acs-national-roundtable-breast)
 - [ACS National Colorectal Cancer Roundtable](https://www.acs.org/acs-national-roundtable-colorectal)
 - [ACS National HPV Vaccination Roundtable](https://www.acs.org/acs-national-roundtable-hpv)
 - [ACS National Lung Cancer Roundtable](https://www.acs.org/acs-national-roundtable-lung)
 - [ACS National Navigation Roundtable](https://www.acs.org/acs-national-roundtable-navigation)
 - [ACS National Prostate Cancer Roundtable](https://www.acs.org/acs-national-roundtable-prostate)
 - [ACS National Roundtable on Cervical Cancer](https://www.acs.org/acs-national-roundtable-cervical)
- **Toolkits developed by ACS:**
 - [Increasing CRC Screening in Rural Communities](https://www.acs.org/acs-toolkit-crc)
 - [Developing Caregiver Clinical Services: A Toolkit for Cancer Centers](https://www.acs.org/acs-toolkit-caregiver)

2025 American Cancer Society and Commission on Cancer Resource Intersections Guide
1




Accreditation Standard	ACS Resources
Standard 4.5: Palliative Care Services	Web Resources <ul style="list-style-type: none"> • Supportive Care During Cancer <ul style="list-style-type: none"> • Palliative Care • Living with Advanced and Metastatic Cancer: Support and Symptom Management • Managing Cancer-related Side Effects • Coping With Cancer • Caregivers and Family • Cancer Care Toolkit • Caregivers Resource Guide • American Society of Clinical Oncology (ASCO) Cancer Treatment and Survivorship Care Plans Video Series <ul style="list-style-type: none"> • How to Manage Common Cancer Side Effects (Available in Spanish) • Childhood Cancer Survivorship Videos • Caregiver Support Video Series (Available in Spanish) Palliative Care Webinars (open to the public) <ul style="list-style-type: none"> • Explore and register Booklets <ul style="list-style-type: none"> • Palliative Care: Improving Quality of Life for Anyone With Cancer • Pediatric Palliative: Improving Quality of Life for Children With Cancer
Standard 4.7: Oncology Nutrition Services <i>(must be provided by a Registered Nutrition Dietitian)</i>	Resources for Health Care Professionals <ul style="list-style-type: none"> • ACS Diet and Physical Activity Guidelines for Cancer Prevention • Let's Talk: Nutrition, Physical Activity, and Cancer Survivorship – Role Play Training Simulation for Clinicians • Eat Healthy • Compendium of the Entire Nutrition, Physical Activity, Body Weight, and Cancer Survivorship Series • Nutrition Resources from ACS Flyer Food Insecurity Resources – Health Care Professionals and Caregivers <ul style="list-style-type: none"> • Food Insecurity – Root Causes and Impact on Cancer Survivorship and Caregivers • What's the Connection? Food Insecurity, Obesity, and Cancer

2025 American Cancer Society and Commission on Cancer Resource Intersections Guide
2

ACS Navigation Commitment and Reach

Why

ACS Patient Navigation exists to champion and advance sustainable oncology patient navigation so that everyone can navigate the complexities of cancer care with confidence and hope.



What

We develop and implement large scale, innovative, personalized programs to reduce barriers to care and expand access to patient navigation.



How

ACS advances navigation through patient programs, workforce development, best-practice implementation, convening, and advocacy to drive equitable cancer care.



Patient Programs

ACS CARES
ACS ACTS
NCIC

Workforce Development

ACS NNRT
ACS LION
BEACON
SPARK

Implementation

ACS LION
BEACON
SPARK

Convening

ACS NNRT
Global Alliance for
Patient Navigation

Advocacy

ACS CAN

ACS LION™

Expands Access to Navigation Training

American Cancer Society Leadership in Oncology Navigation (ACS LION™) helps navigation professionals deliver essential support to individuals, caregivers, and families experiencing cancer.

Free

ACS LION standardized training and credentialing program—previously priced at \$495—is now available at no cost. In today's economic climate, we recognize the financial pressures facing healthcare professionals and organizations.

No Proctoring Required

You can now complete your ACS LION Mastery exam to earn your credential directly within the course—no scheduling needed.

Spanish Language Edition

Spanish-language offerings making it more accessible to the oncology navigation workforce.



We are grateful for the generous philanthropic support of ACS LION that will help expand access to the program. Making it free amplifies its impact by ensuring more professionals can benefit from the same rigorous, respected training.



Cancer Research Program
American College of Surgeons

Assessing the Effectiveness and Significance of the Operative Standards Program (AESOP)

February 11th, 2025

Liz Funk, MSW

Project Manager of AESOP Study
(NCI R01 Grant)

Nina Fleischer, MD, MBA

Alison Baskin, MD
Postdoctoral Research Fellows
General Surgery Residents

Lesly A. Dossett, MD, MPH

Daniel J. Boffa, MD, MBA
MPIs of AESOP Study (NCI R01 Grant)

AESOP Study Team



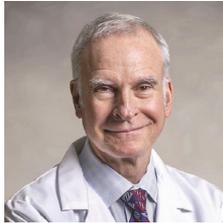
NATIONAL
CANCER
INSTITUTE

Study MPIs



Lesly Dossett

Cancer Programs Leadership



Statistical Expertise



Other Key AESOP Members



Dan Boffa



AESOP Grant Aims



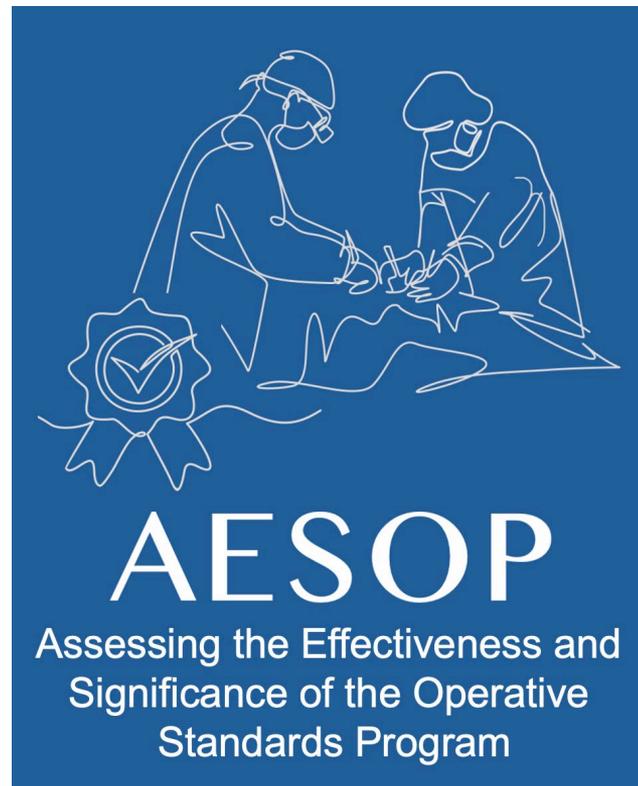
Evaluate the implementation of the CoC Operative Standards across cancer and hospital types



Evaluate the impact of the CoC Operative Standards on cancer outcomes through an NCDDB Special Study



Assess barriers and facilitators of implementation with **Cancer Liaison Physicians**



Assess guideline and facility-level barriers and facilitators of implementation

Recognizing the Cancer Liaison Physicians (CLPs) as key voices to convey unique institutional experience



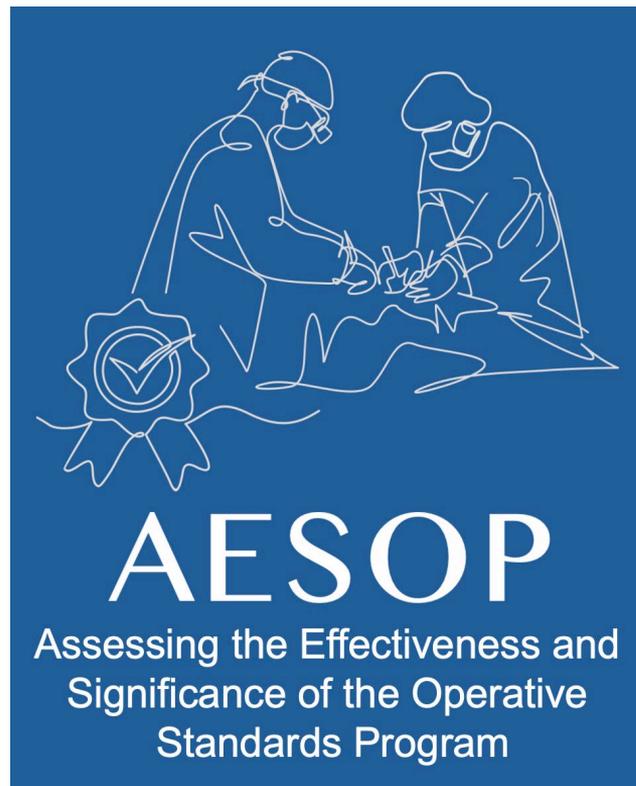
Survey all CLPs at sites who undergo a site visit in 2026 (n~400)

Interview a select CLPs from high and low performing institutions to further understand experience (n=30)

Inform data analysis and future care practices

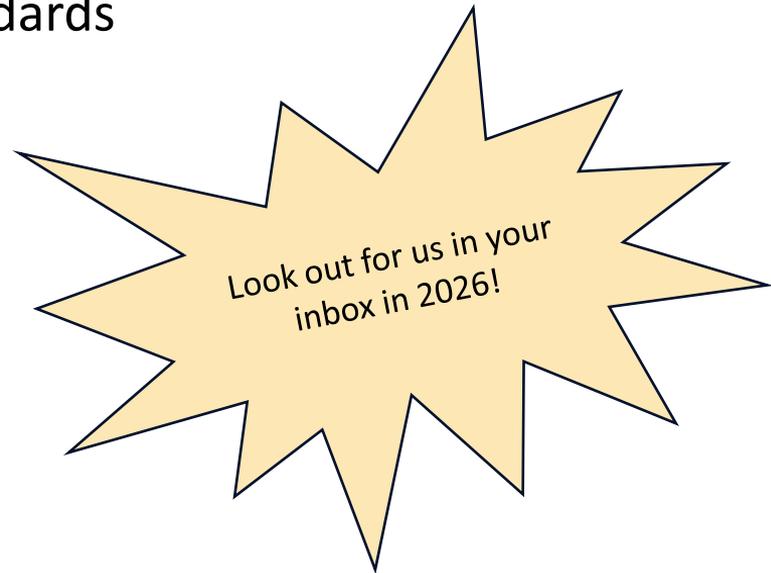
Pilot survey

- 20 sites surveyed
 - November 2025 and January 2026 site visits
- Survey sent initially to CLPs
 - Cancer Committee Chairs included on reminders to non-respondents
 - 60 % CLP responses
 - 40% Cancer Committee Chair responses



2026 site reviews

- Survey to identify implementation barriers and inform future efforts of the Operative Standards
- All CLPs will receive a survey from REDCap@facs.org after the site visit
- Respondents will receive a \$25 gift card



Before your 2026 site review

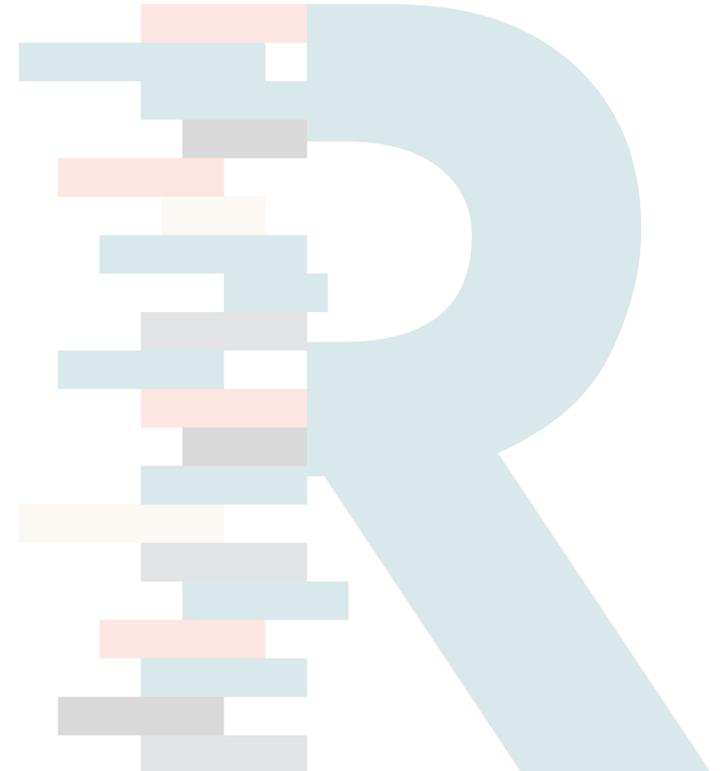
- Ensure CLP contact information is up to date in QPort





Cancer Research Program
American College of Surgeons

Questions?



Cancer Liaison Physicians Meeting

Questions?

Cancer Liaison Physicians Meeting

Thank you!

Questions?
Melissa Leeb
mleeb@facs.org