Commission on Cancer
State Chair Town Hall
April 10, 2024
CoC Cancer Liaison Physicians Meeting

Quyen Chu, MD, FACS
Chair
Committee on Cancer Liaison

Maria Castaldi, MD, FACS
Vice-Chair
Committee on Cancer Liaison
Welcome to New CoC State Chairs

Marilyn Leitch, MD, FACS
North Texas
CoC Update

- 2024 State Chair Activity Report
- Monthly CLP and Accreditation Site Visit List
- Post-Town Hall Communications
- 2024 CoC Research Paper Competition
ACS Clinical Congress 2024

Achieving Our Best Together: #Inclusive Excellence

SAVE THE DATE!
October 19–22
San Francisco, CA

New Saturday–Tuesday Program
CSSP Updates

Kim A. Rodriguez, BSPH, CPH, RHIT, ODS-C
Eisenhower Health – Rancho Mirage, CA
CSSP Education Committee Member / NCRA CSSP Liaison
Collaboration with the Resident and Associate Society

Operative Standards for Cancer Surgery: A Resource for Resident/Fellow Surgical Education

• Objectives
  o Introduce the Operative Standards for Cancer Surgery
  o Illustrate how operative standards can improve trainee development and patient care
  o Discuss best practices for incorporating the operative standards into clinical practice

• Resources
  o Webinar recording (live webinar held 3/11/24)
  o Visual Abstract
  o Video
  o Editorial- In Progress
Technical Standards for Thyroid Cancer Surgery Webinar

May 20th at 5pm CT

• Speakers
  o Elizabeth (Libby) Grubbs, MD, FACS
  o Tracy Wang, MD, FACS
  o David Hughes, MD, FACS
  o Julie McGill, MD, FACS
  o Linwah Yip, MD, FACS
  o Mark Zafereo, MD, FACS

• Objectives
  o Discuss evidence-based operative standards for the preoperative considerations for surgical planning, thyroidectomy, and lymphadenectomy as outlined in the Operative Standards for Cancer Surgery (OSCS) Volume 2

Register [here](#), contact [CSSP@facs.org](mailto:CSSP@facs.org) for more information
Operative Standards for Cancer Surgery Video Series

• Recently published
  o Right-Side Cancer Lung Resection
  o Left-Side Cancer Lung Resection
  o Pancreatoduodenectomy: Superior Mesenteric Artery Dissection

• Coming soon...
  o Superficial and Deep Groin Dissection for Melanoma
National Cancer Registrars Association

• Credential Name Change
  • Effective 1/1/24, certification for cancer registrars updated from Certified Tumor Registrar (CTR) to certified Oncology Data Specialist (ODS, ODS-C or ODS-certified). Learn more here: ODS Toolkit

• National Cancer Registrars Week
  • April 8-12 – a diverse workforce serving a diverse population. Celebrate your cancer registry departments! Learn more here: Registrars Week

• Annual Educational Conference
  • April 24-27 – Indianapolis, Indiana. Please consider presenting at next year’s annual conference. Call for abstracts opens June 2024. Learn more here: NCRA Conference

• Counting Veterans’ Cancer Act
  • On 3/9/24 President Biden signed a requirement for Veterans cancer case reporting into law in March 2024. The language is derived from NCRA’s work with Senators Kelly and Tillis who introduced the Counting Veterans Cancer Act. Learn more here: Current Advocacy Efforts
Cancer Registry and Synoptic Op Reports

• Utilize your cancer registry team to assist in monitoring and compliance for synoptic operative report standards.

• Working closely with your cancer registry and EMR informatics teams will be important in training surgeons how to meet CoC compliance.

• **Operative Standards Toolkit**
  • FAQ’s on standards and CoC
  • Visual abstracts for standards 5.3 to 5.8
  • Guidelines for Oncology Data Specialists to identify eligible cases by standard
  • Videos on best practices by cancer site
Cancer Registrar Perspective on SOR Standards

• How can you help cancer registrars when it comes to assessing and monitoring CoC compliance?
  • Surgeons impacted by standards 5.3 to 5.8 should take the time to become familiar with the standard requirements.
  • EMR informatics teams should work closely with the registry to incorporate synoptic operative report and CAP templates.
  • Cancer registrars at most facilities are the messengers to deliver compliance ratings – we are here to help 😊
  • Subscribe to the Cancer Program News e-mail to remain current with standards changes.
Eisenhower Health’s experience

Meet with Cancer Committee Chair, Cancer Liaison Physician, Oncology Program Director, and Chief Administrative Officer to discuss all standards and best ways to reach intended surgeon audience.

- Began educating cancer committee about standards when information was released with the 2020 Standards.
- CoC Chair is also a surgeon, so he took on being champion for these standards, with assistance from VP of Surgical Services and support from VP of Medical Affairs.
- Reached out to surgeons with highest case volumes per site to share information about operative report requirements and initial compliance ratings
- Present standards at designated site-specific cancer conferences as well as disease site steering committees, including General Surgery Section meeting
- Regularly present on standards and monitoring at cancer committee meetings.
- Forwarding all CoC updates and CSSP webinars on standards to impacted surgeons.
Ideas on Implementing & Educating

- Eisenhower Health’s experience
  - Meet with EMR Informatics Team (Epic) to discuss best approach to incorporating SOR templates
    - Informatics Team created training program for all current surgeons, and a required training for all new/incoming surgeons and fellows/residents.
    - Identified 1 lead surgeon from each of the areas (breast, melanoma, colorectal, lung) to assist with site-specific templates, education and report details.
      - Identified that medical dermatology reports needed modifications due to how that department was set up in Epic.
    - Tip sheet for how to complete templates in Epic
    - BPA alert in Epic for surgeries that meet eligibility criteria for synoptic operative reports
    - Epic reports to monitor compliance. Tested and identified gaps to improve reports
  - Team presents at Cancer Committee as well as General Surgery Section Meeting
Contact cssp@facs.org for additional questions
National Quality Improvement Collaborative Updates

Eileen Reilly, Quality Improvement Manager
American College of Surgeons Cancer Programs
Agenda

• National Projects
  • Beyond ASK
  • Breaking Barriers
  • 5.8 Lung NODES

• QI Committee
  • Standard
  • Education (QI workshop, webinars, etc)
Just ASK/Beyond ASK

Improved Care for Nearly 1 Million Patients

- Just ASK (2022)
  - 712 Cancer Programs
  - 650,000 Cancer patients
- Beyond ASK (2023)
  - 326 Cancer programs
  - 250,000 Cancer Patients

- 98% of participants asked about smoking
- 83% advised patients to quit
- 58% assisted patients in cessation efforts
"Breaking Barriers" Quality Improvement Collaborative

Disruptions in Planned Radiotherapy

Modifiable Barriers?
Psychosocial, Geographic, Financial, Etc.

Disparities in Oncologic Outcomes

Enrolled 342 accredited-cancer programs across US

Pre-Intervention Period:
5 separate, 60-day data collection periods (March-December 2023)

Prospectively identified patients scheduled for a 15–45-day course of curative radiotherapy

Primary Outcome: Patients who missed ≥3 radiation treatments and reasons for missed treatments

332 (97.1%) programs identified patients who missed ≥3 treatments

Median per program: 9.4% (IQR 4.5-16.5)

5,221 patients who did not complete radiotherapy as prescribed

Differences based on:

Geographic Region

Northeast median 11.3% [IQR 5.4-17.3] p=0.014

Disease Site

Rectum (13.0%) Gynecologic (11.4%) p<0.001

Reasons for Missed Treatments:

Illness 91.0%

Conflicting Appointments 54.2%

Transport 71.7%

Stopping Treatment 53.0%

*Credit to L Janczewski
BB Year 2 Goals

• Of 300 participants
  • 15% are new to the project this year
  • 44% intend to address transportation
  • 20% intend to address conflicting appointments
  • 16% intend to address patient sick (not due to toxicity)
  • 11% intend to address why patients no longer wish to seek treatment
Standard 5.8
Lung NODES

- Improve the quality of cancer care and patient outcomes by accomplishing assessment of hilar and mediastinal lymph nodes
- Assist programs to identify root cause challenges in achieving compliance
- Develop a standardized way for programs to assess and monitor their compliance with Standard 5.8
- Identify and implement successful and sustainable solutions

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As part of participation, programs agree to:

✓ Form a core QI team with at least 3 individuals
✓ Provide a signature of support from physician champion and cancer committee chair
✓ Attend and actively share/participate on calls
  ✓ (at least 1 person from each program should attend every call or view at a later date if clinical care interferes)
✓ Review and submit data measuring compliance
  ✓ (no patient or provider facing data collected)
✓ Resources
  ✓ 5.8 Toolkit
  ✓ QI Basics Course
CoC Quality Improvement Committee Work

What have we been up to and why do you care?!
What’s ahead for 2024-2025

• QI Standard is aligned across programs
• Education efforts continue
  • QI Workshop
  • Case Study Repository
  • Local coaching option
• Meaningful Stakeholder Engagement
• Development of 2025 QI projects
• Presenting 3 sessions at Quality and Safety
  • Operative Standard Implementation
  • Timeliness of Care Interventions
  • Adapting, Adopting, or Abandoning strategies in QI
Quality Improvement Resources


The ACS Quality Framework Components & Criteria

Component #1: Problem Detailing

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<th>Definition</th>
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| 1.1 Local Issue | Describe how the issue was discovered at your institution. Include:  
|               |   a. The timeframe in which the issue was discovered  
|               |       b. The data sources that informed the identification of the issue                           |
| 1.2 Problem Statement | Define a problem statement that presents a clinical reason to pursue the project.  
|               |       The problem statement should address:  
|               |       a. Who does the problem affect or impact?  
|               |       b. When was the problem found (or did it begin)?  
|               |       c. Where is the problem happening?  
|               |       d. How often is the problem happening?  |
National Cancer Database (NCDB)

- Co-sponsored
  - American Cancer Society
  - American College of Surgeons
- Data
  - Real-time reporting
  - New variables
  - Sunsetting variables
  - Quality and completeness
  - Research best practices
- Largest cancer registry
  - >15K accredited facilities
  - >70% cancer cases in the US
- Data quality standards
  - Demographic
  - Clinical
  - Treatment
  - Survival
Cancer Treatment and Survivorship

Agency for Healthcare Research and Quality (AHRQ)

Cancer Facts and Figures
NCDB is a unique resource

Policies relevant to cancer care

Colorectal Cancer Care Among Young Adult Patients After the Dependent Coverage Expansion Under the Affordable Care Act

Leticia Nogueira, PhD, MPH, Neetu Chawla, PhD, Xuesong Han, PhD, Ahmedin Jemal, DVM, PhD, K. Robin Yabroff, PhD

Original Investigation | Health Policy
Medicaid Expansion Under the Affordable Care Act and Early Mortality Following Lung Cancer Surgery

Leticia M. Nogueira, PhD, Daniel J. Boffa, MD, MBA, Ahmedin Jemal, PhD, Xuesong Han, PhD, DVM, PhD, K. Robin Yabroff, PhD

Cancer Stage, Treatment, and Survival Among Transgender Patients in the United States

Sarah S. Jackson, PhD, MPH, Xuesong Han, PhD, Ziling Mao, MPH, Leticia Nogueira, PhD, DVM, PhD

State-level policy variable now available to all researchers using NCDB PUF

Cancer treatment collected through linkage with Medicare Federal health insurance for people ≥65 years of age

NCDB is large enough to evaluate cancer care and outcomes in smaller subpopulations
Changes in cancer care

Changes in cancer diagnoses and stage distribution during the first year of the COVID-19 pandemic in the USA: a cross-sectional nationwide assessment

Xuesong Han, Nuo Nova Yang, Leticia Nogueira, Changchuan Jiang, Nikita Sandeep Wagle, Jingxuan Zhao, Kewei Sylvia Shi, Qinjin Fan, Elizabeth Schaefer, K. Robin Yabroff, Ahmedin Jemal

Real-time data collection efforts allowed for evaluation of the impact of the COVID-19 pandemic on cancer care

JAMA Oncology | Brief Report

Assessment of Changes in Cancer Treatment During the First Year of the COVID-19 Pandemic in the US

Leticia M. Nogueira, PhD, MPH; Elizabeth J. Schafer, MPH; Qinjin Fan, PhD; Nikita Sandeep Wagle, MBBS, MHA, PhD; Jingxuan Zhao, MPH; Kewei Sylvia Shi, MPH; Xuesong Han, PhD; Ahmedin Jemal, DVM, PhD; K. Robin Yabroff, PhD
Barriers to cancer care

Association Between Declared Hurricane Disasters and Survival of Patients With Lung Cancer Undergoing Radiation Treatment
Leticia M. Nogueira, PhD; Liora Sahar, PhD; Jason A. Efstathiou, MD; Ahmedin Jemal, PhD; et al

Association of Wildfire Exposure While Recovering From Lung Cancer Surgery With Overall Survival
Danlu Zhang, MPH; Yuzhi Xi, PhD; Daniel J. Boffa, MD; Yang Liu, PhD; Leticia M. Nogueira, PhD, MPH

Detailed treatment information, including dates
Geographic information


Uptake of novel therapies

Proton Beam Therapy

• Radiation treatment modality
  • Treatment information is frequently updated to reflect advances in treatment options
• Potentially superior
  • Tumors with complex anatomy
  • Surrounded by sensitive tissue
  • Childhood cancers

**PBT uptake**

**Group 1:** PBT is the recommended treatment modality

**Group 2:** PBT superiority is still under investigation

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Disparities in PBT uptake

Racial disparities in receipt of cancer care

By definition, all patients have health insurance coverage. Health insurance coverage is a determinant of survival. Why not evaluate disparities between other demographic groups?

Racial Disparities in Receipt of Guideline-Concordant Care for Early-Onset Colorectal Cancer in the United States

Identifying determinants of racial disparities in cancer care and outcomes. Disparities beyond stage at diagnosis, including time to treatment initiation.
Future directions

First and Last Name
• Used to identify Hispanic and Asian
  • >70% cancer cases in the US
  • ~50% Hispanic population
• Real-time update
  • Treatment
  • Follow-up

Address
• Social determinants of health
  • Zip code more important than your genetic code
• Clinical trial

Optimal Resources for Cancer Care
Thank you!
CoC State Chair and CLP Engagement

- Howard Kaufman, MD, FACS, Southern California State Chairs
- James McLoughlin, MD, FACS, Tennessee State Chair
- Michael Sarap, MD, FACS, Ohio State Chair
- V. Liana Tsikitis, MD, FACS, Oregon State Chair
Open Forum
Thank you!

Questions?
Melissa Leeb: mleeb@facs.org
Rebecca Medina: rmedina@facs.org