ACS AMERICAN COLLEGE OF SURGEONS

State Chair Town Hall

July 29, 2026

Commission on Cancer

CoC State Chair Town Hall

Maria Castaldi, MD, FACS
Chair
Committee on Cancer Liaison

Quan Ly, MD, FACS
Vice-Chair
Committee on Cancer Liaison

Welcome to New CoC State Chairs

Jon Gerry, MD, FACS
Oregon

Julian Kim, MD, FACS
South Carolina

Mayank Roy, MD, FACS
South Florida

Miguel Tobon, MD, FACS
Michigan

ACS AMERICAN COLLEGE OF SURGEONS

CoC Update

- Monthly CLP and Accreditation Site Visit Lists
- Post Town Hall Communications
- Upcoming Meetings:
    - CLP Meeting: September 16
    - ACS Clinical Congress 2026: September 26-29 in Washington, DC
        - CoC meetings: Saturday, September 26

American Joint Committee on Cancer
American College of Surgeons

CoC State Chair Town Hall

July 29, 2026

Principles of Cancer Staging

David R. Byrd, MD

Past Chair, AJCC

Chair, AJCC Cancer Recurrence Staging Workgroup

Goals of Today's Presentation

- Describe and provide AJCC cancer staging resources to all CLPs
  - Review the AJCC website cancerstaging.org educational resources
- Provide an overview of an AJCC Principles of Cancer Staging slide deck available to all CLPs

American Joint Committee on Cancer (AJCC)

Cancer program of the American College of Surgeons

Member Organizations

- American Association of Pathologists' Assistants
- American Cancer Society
- American College of Physicians
- American College of Radiology
- American College of Surgeons
- American Head and Neck Society
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Society of Colon and Rectal Surgeons
- American Urological Association
- Canadian Partnership Against Cancer
- Centers for Disease Control and Prevention
- College of American Pathologists
- International Collaboration on Cancer Reporting
- National Cancer Database
- National Cancer Institute
- National Cancer Registrars Association
- National Comprehensive Cancer Network
- North American Association of Central Cancer Registries
- Society of Gynecologic Oncology
- Society of Surgical Oncology
- Society of Urologic Oncology

AJCC website - cancerstaging.org

Overview tab:

CANCER PROGRAMS

Learn the Principles of Cancer Staging

AJCC Chapter 1: Principles of Cancer Staging is available as a free download. Chapter 1 provides overall rules for AJCC cancer staging that apply across all tumor sites.

AJCC 8th Ed Cancer Staging Manual: Chapter 1: Rules of cancer staging

Principles of Cancer Staging

1

Donna M. Gress, Stephen B. Edge, Frederick L. Greene,
Mary Kay Washington, Elliot A. Asare, James D. Brierley,
David R. Byrd, Carolyn C. Compton, J. Milburn Jessup,
David P. Winchester, Mahul B. Amin,
and Jeffrey E. Gershenwald

AJCC Principles of Cancer Staging Slide Deck

- Freely available to all CLPs:
- Designed to be a resource for presentations to physicians, cancer committees, trainee lectures, and in tumor board presentations/discussions
- The lengthy presentation can be tailored to audience and time allocation
- Presenter notes are provided in most slides
- “take-home” points are emphasized in several slides

American Joint Committee on Cancer
American College of Surgeons

AJCC Principles of Cancer Staging Slide Deck – General Sections

Background of AJCC

- 1959 - North American effort first organized as the American Joint Committee for Cancer Staging and End Results Reporting (AJC)
- Jointly formed by the *American College of Surgeons, American College of Radiology, College of American Pathologists, College of Physicians, American Cancer Society & the National Cancer Institute*
- 1970 - AJC adopted “objectives, rules & regulations of the AJC” – resulted in formulation and publication of systems of classification of cancer
- 1977 - First Edition of AJC staging manual published in 1977
- 1980 - AJCC changed its name to American Joint Committee on Cancer

Uses of Cancer Staging

- Determine prognosis
- Guide treatment recommendations
- Facilitate the exchange and comparison of information between providers and treatment centers, both nationally and internationally.
- Facilitate clinical research and evaluate the results of treatments and clinical trials
- Provide longitudinal cancer surveillance statistics (CDC-NPCR and NCI - SEER)
- measure early detection efforts and impact of screening

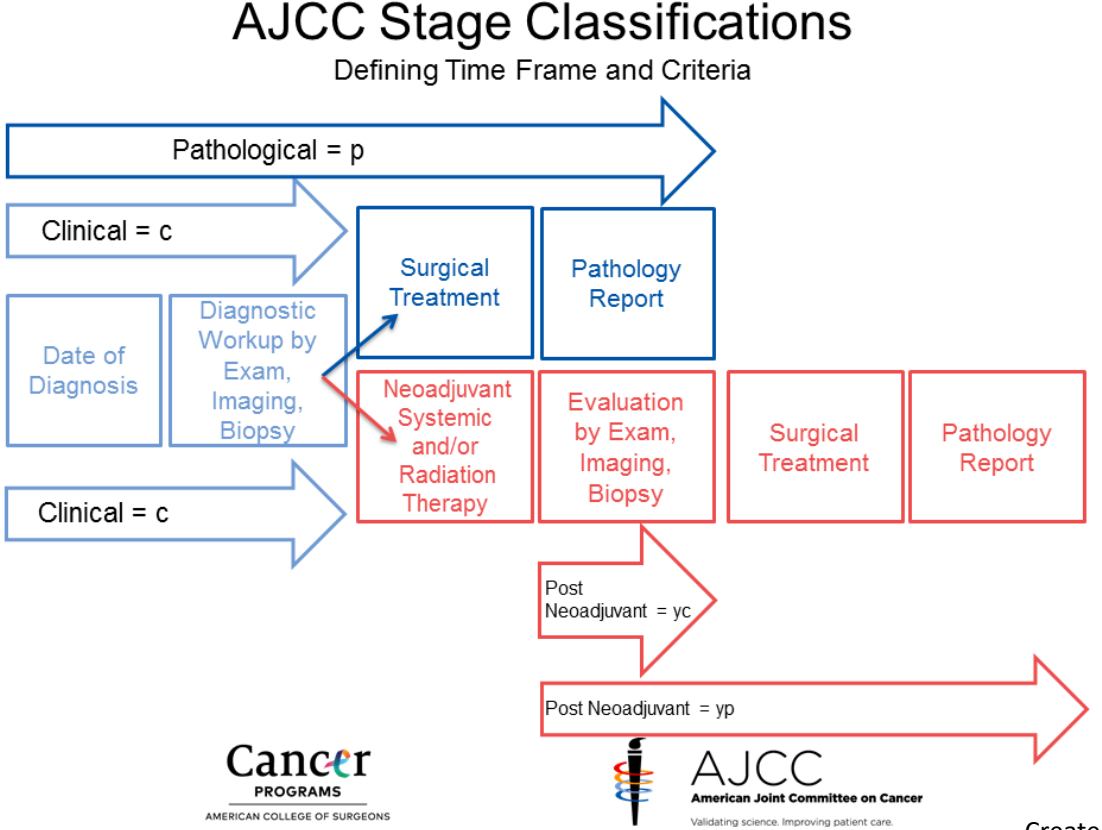
Cancer Staging Essentials

- To effectively care for any patient with cancer it is essential to consider three factors:
- The site/organ of origin of the cancer
  - e.g. lung, prostate, breast
- The histological and biological characteristics
  - if lung cancer: non small cell (NSCLC) or small cell cancer?
  - if prostate cancer: what is the tumor grade?
  - if breast cancer: what is the hormone receptor status, HER2 status and grade?
- The extent of the cancer - The globally accepted method of describing anatomical extent of cancer is the **TNM Classification**.

Rules of Cancer Staging

- T-, N-, and M- are categories, NOT "T-stage, N-stage, M-stage"
- Clinical and Pathological staging
  - Clinical stage is based on physical examination, biopsy, imaging, and other methods of diagnostic workup, e.g. endoscopy
  - Pathological stage is documented after removal of the primary tumor +/- regional nodes or even the entire organ, e.g. prostate
- cTNM Stage applies to the initial presentation ONLY

Understanding Stage Classifications



Cancer PROGRAMS
AMERICAN COLLEGE OF SURGEONS

AJCC
American Joint Committee on Cancer
Validating science. Improving patient care.

Created by Donna Gress, RHIT, ODS-C

Clinical Classification- cTNM

Clinical stage classification is based on patient history, physical examination, imaging, and any procedure performed before initiation of treatment, e.g. endoscopy.

- No specific imaging is required to assign a clinical stage for any cancer site.
- Imaging study information may be used for clinical staging
- Biopsy information on regional lymph nodes and/or other sites of metastatic disease may be included in the clinical classification.

Case Example

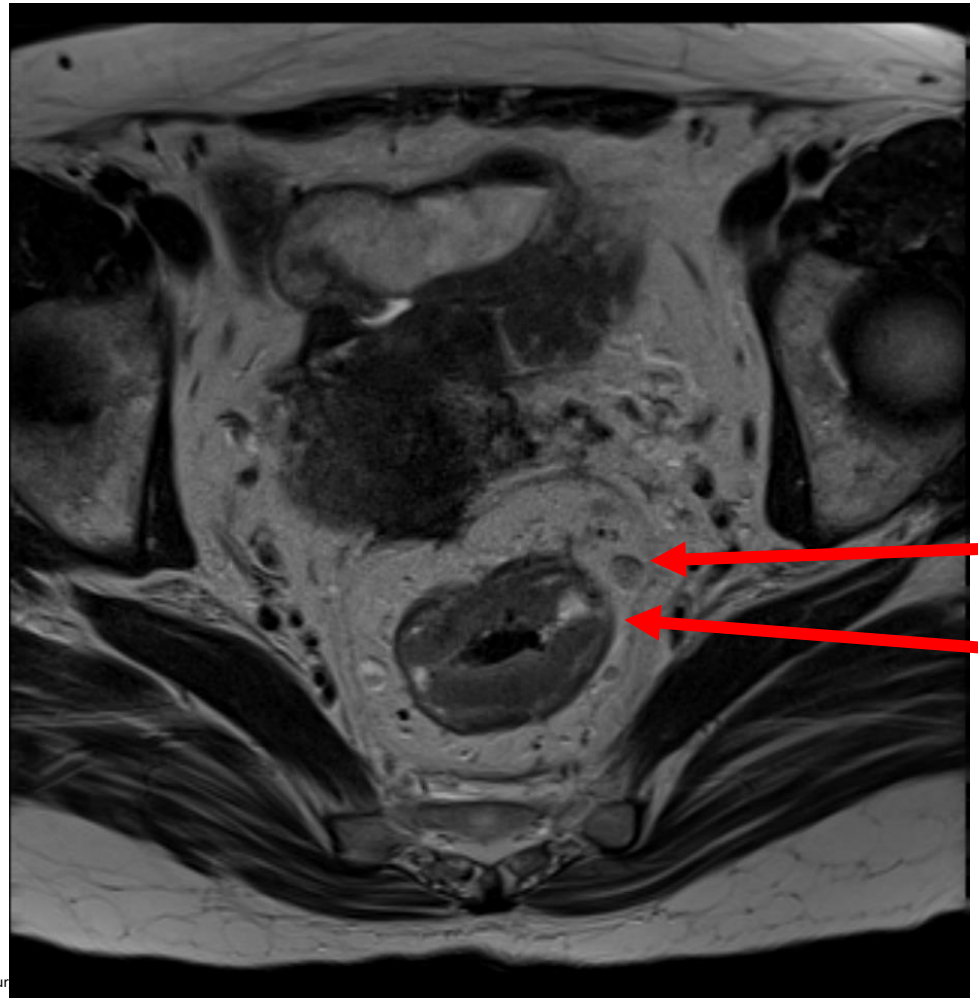


Image of MRI

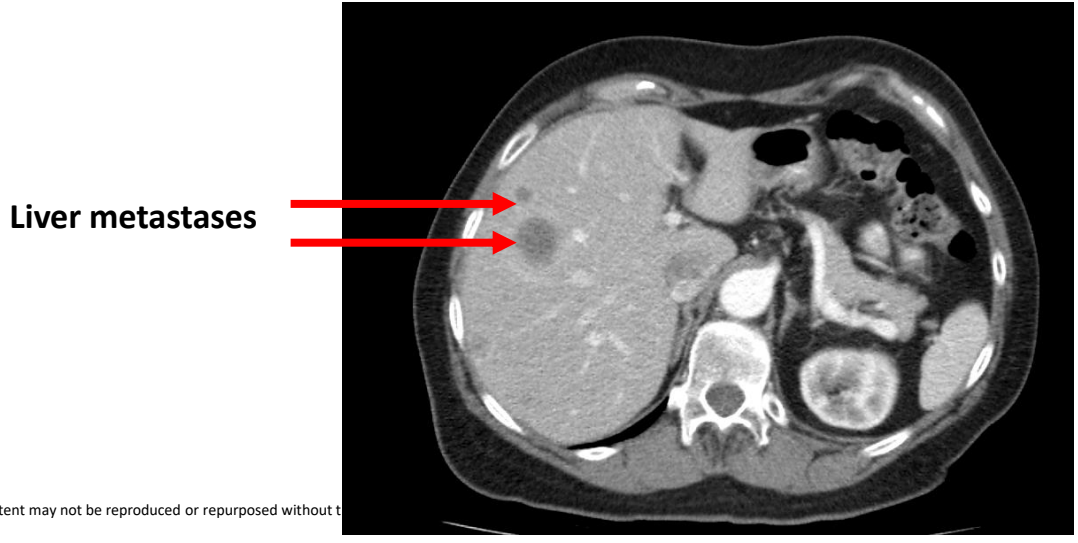
cT3N1
Rectal cancer

Abnormal perirectal lymph Node

T3 Rectal Cancer as it invades through muscularis propria

Case Example - Further Imaging Studies for Clinical Staging

- CT CAP reveals multiple liver metastases
- Needle biopsy positive for metastatic rectal CA
- cM1a (metastasis to one site or organ without peritoneal metastasis)



Therefore, the Stage Group is:

AJCC Cancer Staging Manual, 8th Ed

When T is…	And N is…	And M is…	Then the stage group is…
Tis	N0, NX	M0	0
T1 , T2	N0	M0	I
T3	N0	M0	IIA
T4a	N0	M0	IIB
T4b	N0	M0	IIC
any T	N1-N2	M0	III
T1 –T2	N1/N1c	M0	IIIA
T1	N2a	M0	IIIA
T3–T4a	N1/N1c	M0	IIIB
T2–T3	N2a	M0	IIIB
T1–T2	N2b	M0	IIIB
T4a	N2a	M0	IIIC
T3–T4a	N2b	M0	IIIC
T4b	N1-N2	M0	IIIC
Any T	Any N	M1	IV
Any T	Any N	M1a	IVA
Any T	Any N	M1b	IVB
Any T	Any N	M1c	IVC

- T3N1aM1a
- Stage IVA

Pathological Classification (pTNM)

pTNM classification is applicable when surgery is performed and before initiation of adjuvant radiation or systemic therapy if indicated.

pTNM is composed of information from:

- Clinical staging from diagnostic workup
- Operative findings
- Pathology review of resected surgical specimens

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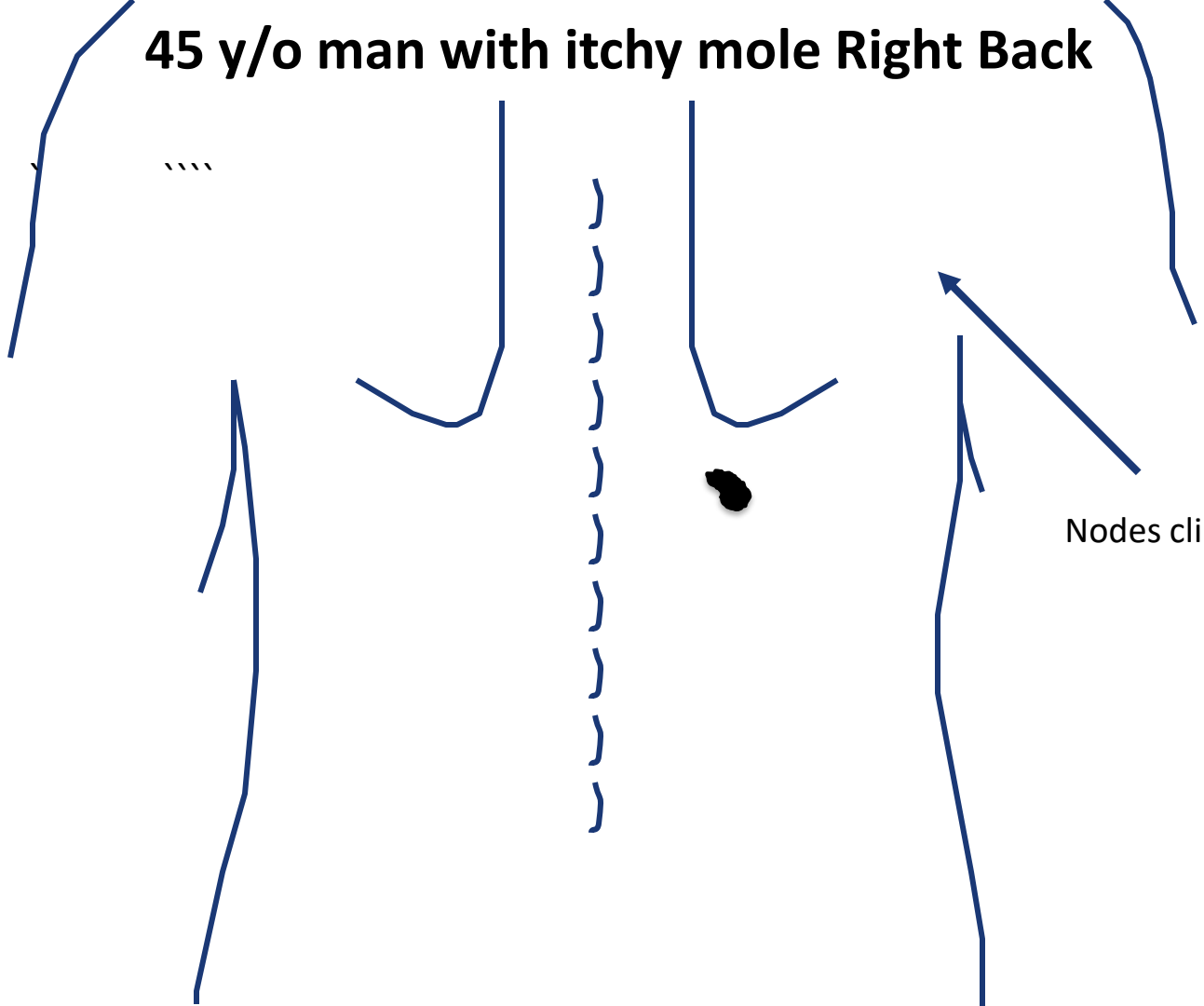
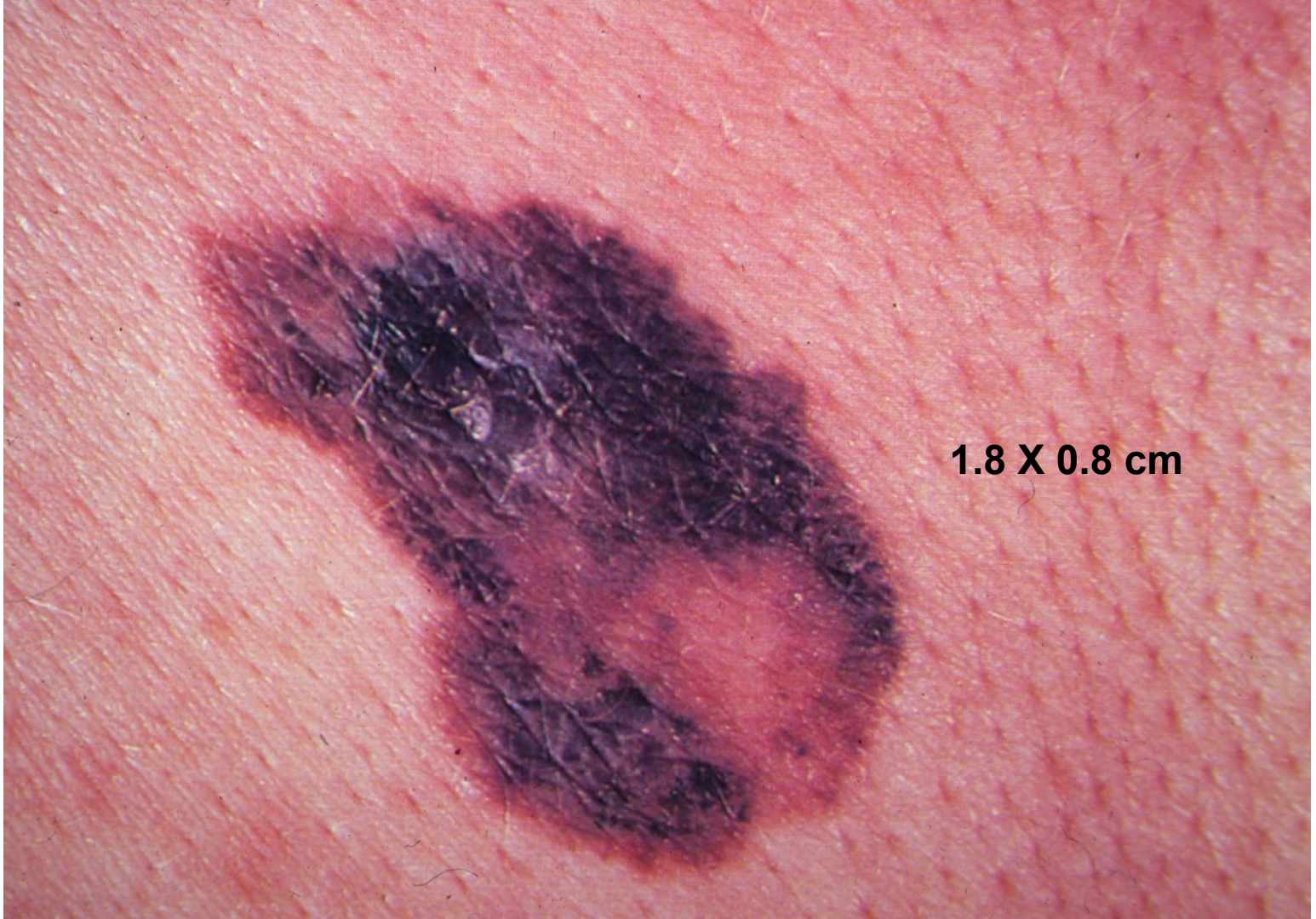
Staging After Initial Treatment with Curative Intent for localized Disease

45 y/o man with itchy mole Right Back




1.8 X 0.8 cm

College of American Pathology Reporting Template - Melanoma

A) Skin, right back, punch biopsy:

1. **Approximate Breslow thickness: at least 1.5 mm.**
2. **Clark's Level: IV.**
3. **Ulceration: present**
4. **Mitotic rate: 3/mm2.**
5. **Lymphocapillary invasion: None identified.**
6. **Satellitosis: None identified.**
7. **Perineural invasion: None identified.**
8. **Lymphocytic infiltrate: Not brisk**
9. **Regression: None identified.**
10. **Margins: Peripheral margins positive for melanoma.**
11. **Melanoma in situ: Present.**
12. **Biopsy site identified.**

Features in red are used for T category

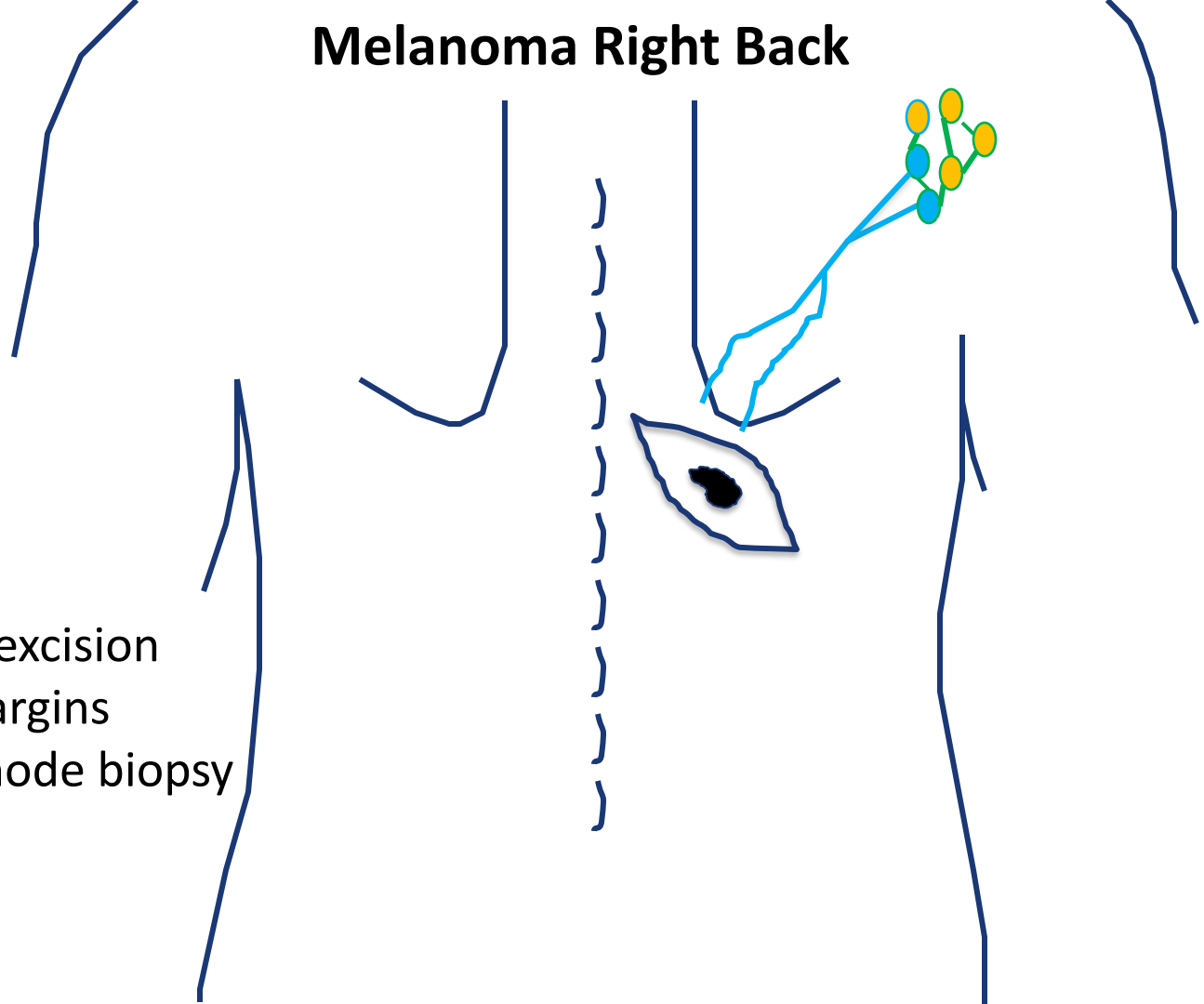
Clinical Stage after Biopsy

- At least cT2b (1-2 mm with ulceration)
- cN0 - regional nodes normal to palpation
- cM0 – no symptoms suggestive of distant metastasis

Stage group: At least IIA

Amin M, et al: AJCC Cancer Staging Manual, 8th Ed, 2016

Melanoma Right Back



Treatment:
Wide local excision
w/ 1 cm margins
+ sentinel node biopsy

Surgical Pathology

- Superficial spreading melanoma
- Thickness: 1.8 mm thick
- Margins widely free
- 1 of 2 sentinel nodes positive for melanoma
  - Largest nodal deposit – 1 mm
  - No extranodal extension

Pathological Stage after Surgery

- pT2b (1-2 mm with ulceration)
- pN1a (sn*) – one positive node
- cM0 – no symptoms suggestive of distant metastasis + staging CT C/A/P negative

Stage group: IIIB

*node(s) found positive only on sentinel node biopsy are designated sn

Amin M, et al: AJCC Cancer Staging Manual, 8th Ed, 2016

Rules of Cancer Staging – Prognostic Stage Group

- Chapter 1 of the AJCC 8th Ed Cancer Staging Manual is a comprehensive review of the rules of cancer staging
- Assigning stage group means:
  - T category
  - N category
  - M category
  - Non anatomic factors
- Non-anatomic factors are used to assign a Prognostic Stage Group for some disease sites
- Prognostic Stage group is required when available

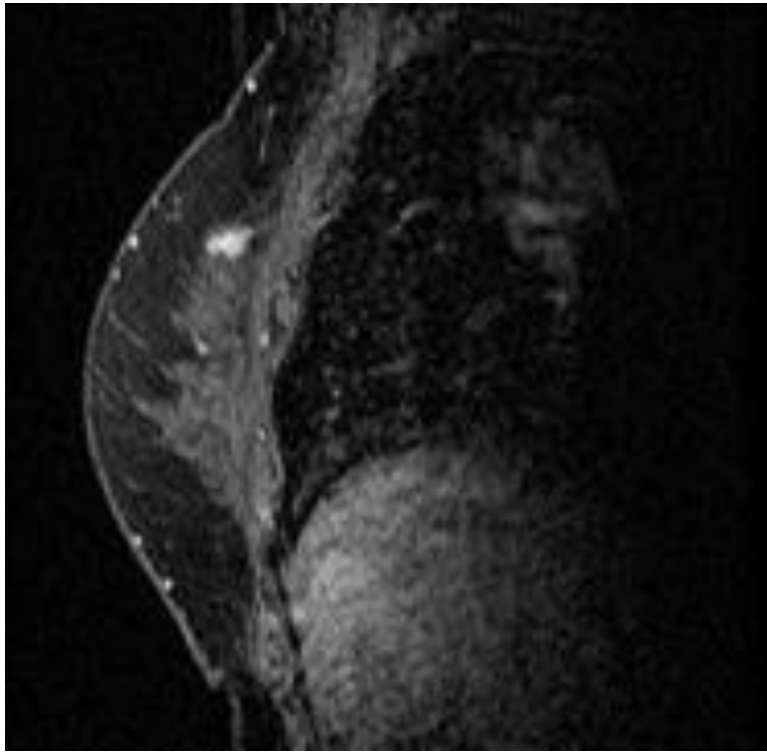
Evolution to Prognostic Staging: Breast Cancer

- AJCC 8th Edition Breast Staging incorporates key prognostic factors into primary staging
  - Anatomic stage groups still maintained
    - Clinical and pathological Stage
    - When biomarkers cannot be assessed
- "Prognostic Stage" - stage recorded in US cancer registries

- Requires:
  - T, N, and M
  - Grade; HER2; Estrogen Receptor; Progesterone Receptor
  - Genomic profiles (OncotypeDx™) as appropriate

Case Example - Limitations of Anatomical Breast Cancer Staging

Diagnostic mammography 2.5 cm mass



Similar Clinical presentations - 2 pts:

- 42F w/ 2.5 cm breast mass, clinically node negative
- 75F w/ 2.5 cm breast mass, clinically node negative

Case Example - Post-Biopsy Clinical Prognostic Factors Change Stage

- Diagnostic core biopsy pathology:

42F w/ 2.5 cm breast mass, clinically node negative

- Core needle biopsy = Grade III IDC*, ER-, PR-, HER2- (triple negative)
- Clinical prognostic Stage IIB

75F w/ 2.5 cm breast mass, clinically node negative

- Core needle biopsy = Grade I tubular IDC*, ER+ PR+, HER2- (HR positive)
- Clinical prognostic Stage IB

*IDC = infiltrating ductal carcinoma

Both Patients have Surgery as First Course of Treatment

- Both patients undergo partial mastectomy and sentinel lymph node biopsy
- Pathology: 2.5 cm IDC, negative margins, 0/3 sentinel nodes (negative)
- Final stage:
  - 42F: pT2 pN0 (sn)* cM0, pathological prognostic Stage IIA
  - 75F: pT2 pN0 (sn)* cM0, pathological prognostic Stage IA

*sn = sentinel node

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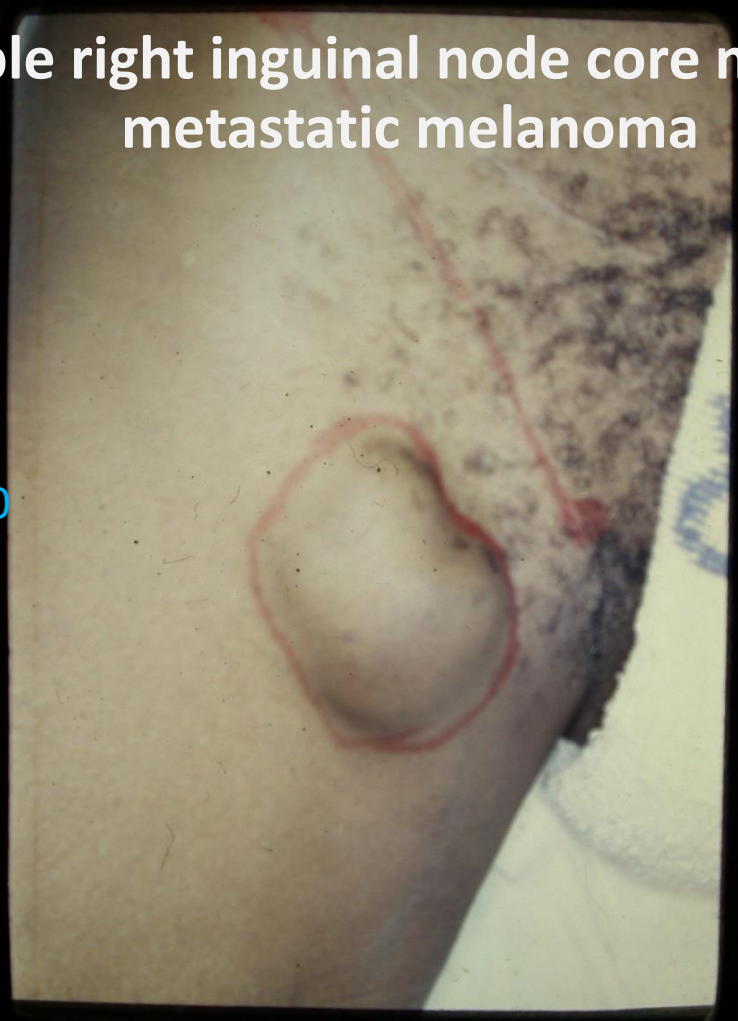
Case Example – Unknown Primary Tumor

38M palpable right inguinal node core needle biopsy = metastatic melanoma



Clinical stage: T0 (unknown primary) N1 M0 (PET/CT only shows right inguinal node) = Stage III

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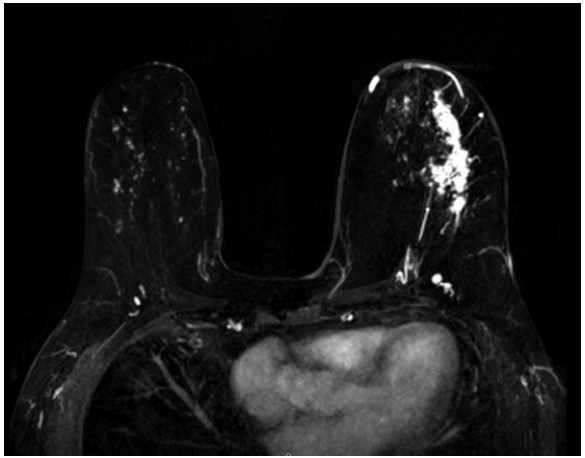
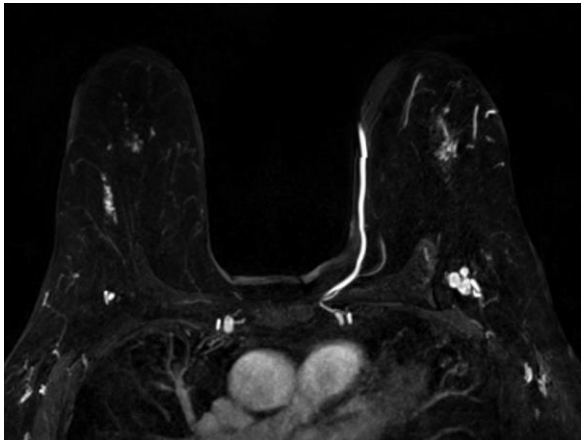
Staging After Neoadjuvant Treatment

BREAST MRI

cT3 cN1 cM0
Breast cancer

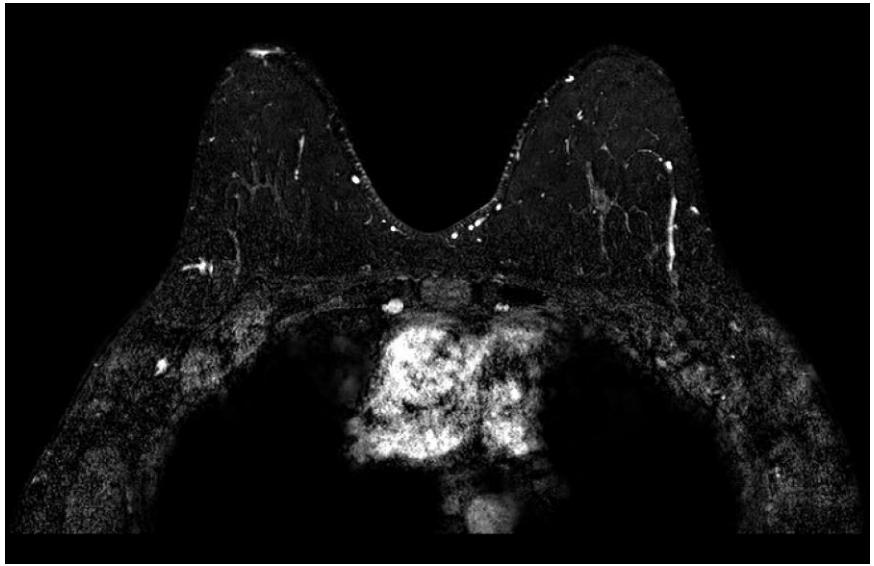


T3 breast cancer:
>5 cm contiguous disease



Abnormal axillary lymph node

Case Example - Initial Course of Treatment - Chemotherapy



- Localization clip placed into axillary node prior to start of chemo
- MRI post chemo shows no evident breast mass or abnormal axillary node(s): ycT0N0
- Surgery (skin-sparing mastectomy and seed-localized targeted axillary sentinel node dissection) is performed.
- Pathology reveals no residual tumor involving the breast or three axillary sentinel lymph nodes (including the clipped node)

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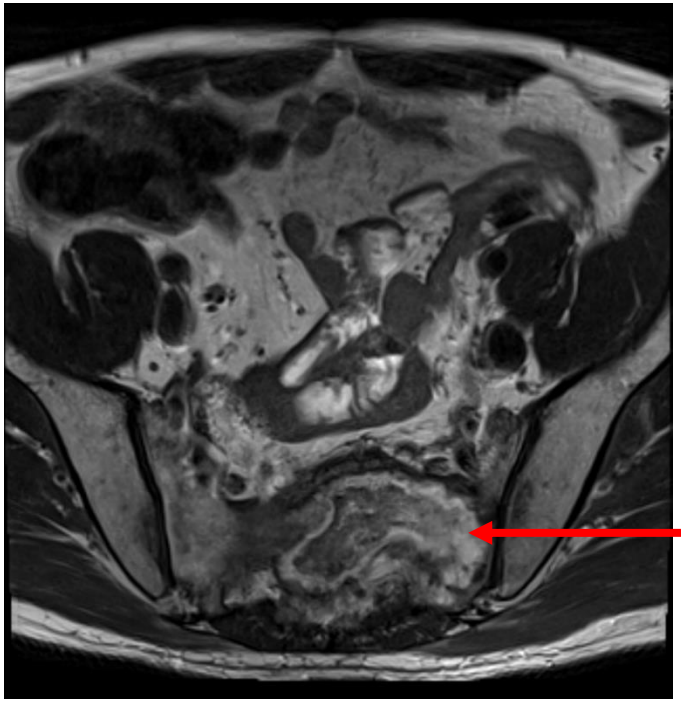
Staging Cancer Recurrence

Case Example - 65M with Recurrent Cancer

Clinical Stage III rectal CA, NED after chemoradiation and resection with curative intent, downstaged to ypT0 ypN0 cM0; There is no Stage group after complete pathological response



- Five years later has pelvic pain. MRI reveals sacral mass.
- Biopsy consistent with rectal carcinoma recurrence

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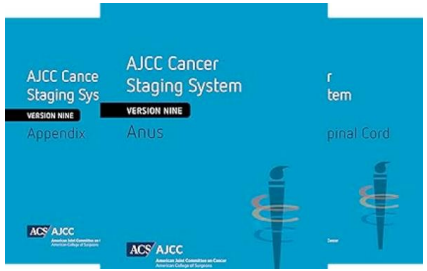
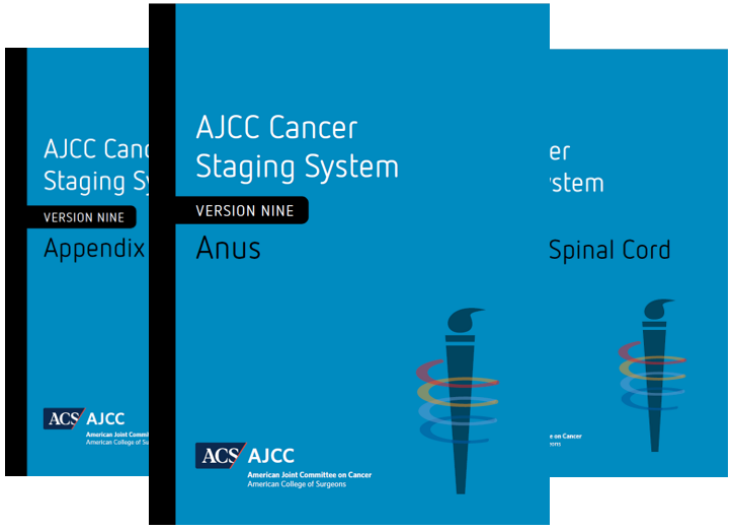
Evolution of Cancer Staging – Introducing Version 9 Cancer Staging System

Version 9 Cancer Staging

- 2021 – present
- Digital and paper options
- Changes/Updates are published immediately when approved





AJCC Version 9 Protocols

- ***NEW*** – Effective January 1, 2026
  - Salivary Glands
  - Oropharynx (HPV-Associated)
-
- Currently Available
- Nasopharynx
- Lung
- Thymus
- Diffuse Pleural Mesothelioma
- Appendix
- Anus
- Vulva
- Cervix

- Neuroendocrine Tumors – Stomach
- Neuroendocrine Tumors – Duodenum/Ampulla
- Neuroendocrine Tumors – Jejunum/Ileum
- Neuroendocrine Tumors – Appendix
- Neuroendocrine Tumors – Colon/Rectum
- Neuroendocrine Tumors – Pancreas
- Brain and Spinal Cord

Feedback to AJCC Education Committee

- We value feedback from State Chairs and all CLPs
- Provide changes/suggestions for the CLP meeting in September
- Send suggestions to: byrd@uw.edu and Chantel Ellis: cellis@facs.org

ACS CRP Cancer Research Program
American College of Surgeons

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

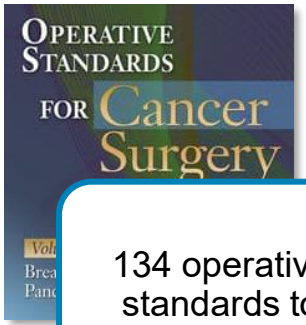
July 29th, 2026

Tim Kravchenko, MD
Postdoctoral Research Fellow
PGY-4 General Surgery Resident

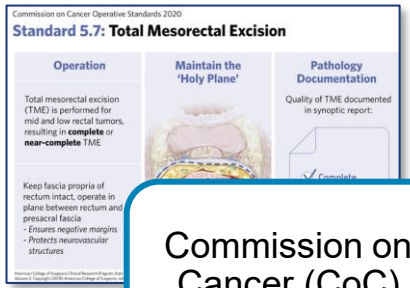
Lesly A. Dossett, MD, MPH
Daniel J. Boffa, MD, MBA
MPIs of AESOP Study (NCI R01 Grant)

High-quality surgery is a cornerstone of cancer care, yet variation in technical quality exists

2 million patients diagnosed with cancer in 2024; 60% had curative-intent surgery



134 operative standards to improve surgical technical quality and outcomes



Commission on Cancer (CoC) implemented 6 Operative Standards in 2020

With CoC caring for >70% of cancer patients, the Standards have potentially broad impact

AESOP Study Team

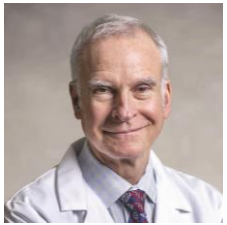
NIH
NATIONAL CANCER INSTITUTE

Study MPIs

Lesly Dossett

Dan Boffa

Cancer Programs Leadership



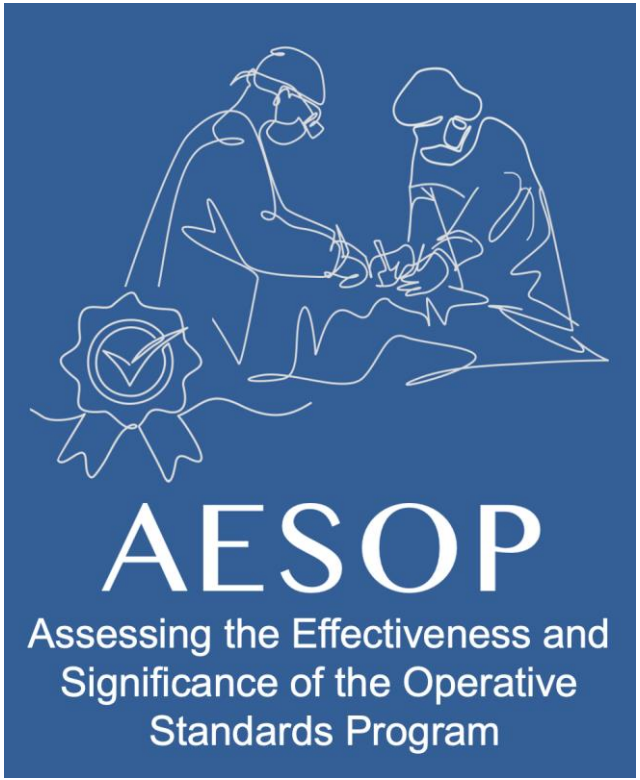
Other Key AESOP Members

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 NCDB 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

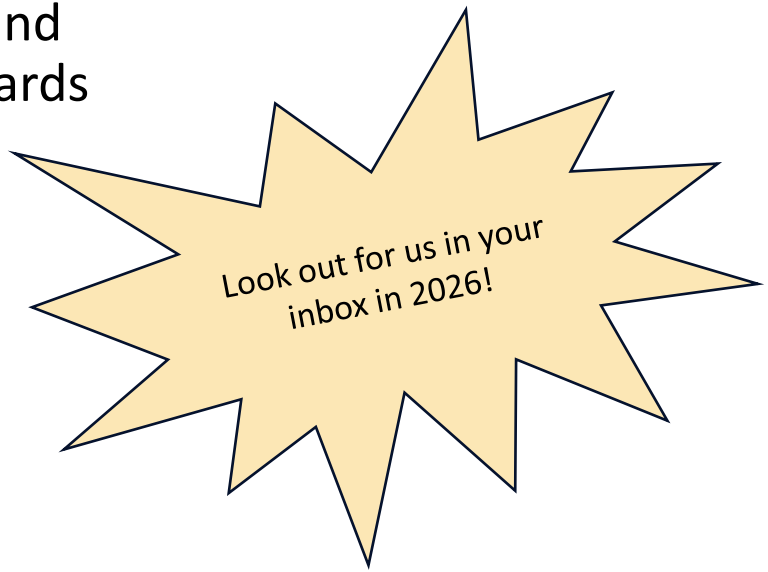
Survey all CLPs at sites who undergo a site visit in 2026 (n~400)

Interview purposive sample from high and low compliance institutions to further understand experience (n=30)

Inform data analysis and future care practices

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 $50 gift card



Before your 2026 site review

- Ask CLPs to ensure contact information is up to date in QPort

ACS CRP Cancer Research Program
American College of Surgeons

Scan for more information

Contact AESOP@facs.org with questions

American Cancer Society
Every cancer. Every life.

ACS NAVIGATION

ACS LION
ACS CARES
ACS ACTS
National Navigation Roundtable

Nicole Robertson, MPH
Director, Navigation Operations

CoC State Chair Town Hall
July 29, 2026

ACS LION™

ACS LION™ is now available at NO COST, with proctoring requirements removed and a Spanish-language version available.

Free enrollment

Previously priced at $495

No proctoring requirements

Reduced barriers for learners and organizations

Spanish-language version available

Expanded access for Spanish-speaking learners

Trusted training and credentialing

Designed for oncology navigation workforce development

ACS LION™ helps navigators deliver essential support to individuals, caregivers, and families affected by cancer. By eliminating cost and proctoring barriers and expanding access through Spanish-language offerings, we are making high-quality, trusted training more accessible to the oncology navigation workforce.

ACS LION exists to champion and advance sustainable, scalable professional oncology navigation so that everyone can navigate the complexities of cancer care with confidence.

American Cancer Society®

LION

LEADERSHIP in ONCOLOGY NAVIGATION

ACS LION™ : Who Can Participate?

For individuals providing **non-clinical navigation services** (in whole or in part) and **organizations** employing these roles.

Non-Clinical Navigators

Clinical & Social Work Navigators

Including **Oncology Nurse Navigators & Clinical Social Workers**

Program Highlights

No Cost to Enroll

Financial Barriers Removed

No Proctoring Required

Complete Assessments in Canvas

No Academic Prerequisites

Open to Anyone 18+ in the U.S. & Territories

American Cancer Society® LION LEADERSHIP in ONCOLOGY NAVIGATION

Eligible job titles may include but are not limited to:

- Patient Navigator
- Oncology Patient Navigator
- Professional Navigator
- Social Worker
- Cancer Nurse Navigator
- Community Health Worker
- Promotores/Promotoras de salud
- Financial Navigator
- Clinical Trial Navigator
- Patient Care Coordinator
- Registered Nurse
- Licensed Practical Nurse

The ACS LION™ Credential

The American Cancer Society Leadership in Oncology Navigation (ACS LION™) champions and advances standardized training, credentialing and implementation support.

Achieving the ACS LION Credential unlocks access to advanced certifications and professional growth, positioning patient navigators as essential contributors to high-quality cancer care.

Additionally, we are connecting navigation programs and oncology providers with support on the implementation, evaluation, and sustainability of patient navigation.

ACS LION™ Enroll Now!

"After completing the ACS-LION program, our team was able to further appreciate that the navigation support we provide to our patients is just as important as the clinical care they receive."

-ACS LION Credential Holder

ACS LION™ : Education, Credentialing, and Professional Support for Patient Navigators

The ACS LION program includes training, credentialing, and implementation support, as shown below:

ACS LION Mastery

Provides foundational knowledge and core components to support quality care meeting CMS requirements and professional navigation standards for PIN reimbursement.

ACS LION Credential

Achieving the ACS LION Credential unlocks access to advanced certifications and professional growth, positioning patient navigators as essential contributors to high-quality cancer care.

Specialty Certificates

Focused, evidence-based certificates provide navigation professionals with advanced skills and practical tools on specific topics to reduce barriers and improve patient outcomes.

Continuing Education

Relevant courses designed to enhance the ACS LION credential and support real-world navigation roles in today's evolving healthcare landscape.

Learning Collaboratives

ACS convenes interdisciplinary teams from oncology practices to align on shared goals. Participants receive education, implementation support, and resources to drive measurable improvements.

Bootcamps

Multi-session bootcamps are designed to equip healthcare leaders with the tools, insights, and strategies needed to elevate patient navigation programs in evolving oncology settings.

Downloadable Resources

Timely, curated resources keep navigators and organizations informed and aligned with the latest standards, innovations, and policy developments in oncology navigation.

Webinars

Regularly scheduled sessions that feature expert speakers and highlight emerging best practices in patient navigation. ACS LION Webinars offer opportunities for live Q&A and peer learning.

ACS LION™ New and Coming Soon

American Cancer Society®

LION
LEADERSHIP in ONCOLOGY NAVIGATION

ACS Leadership in Oncology Navigation (ACS LION™) Continuing Education and Specialty Certificate updates for 2026 and 2027 include the following:

Navigating Advanced Breast Cancer Module

ACS LION™ Mastery in Spanish

Now Available

Cancer Survivorship Module

Navigating Supportive and Palliative Care in Oncology Certificate

Coming in FY27

American Cancer Society CARES

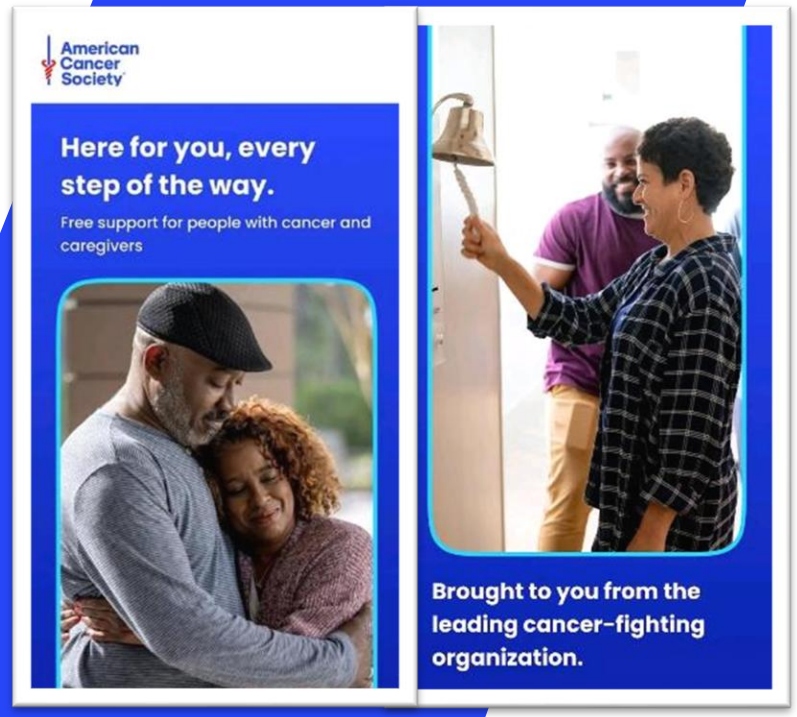
American Cancer Society
Every cancer. Every life.®

What is ACS CARES?

Community Access to Resources, Education, and Support

The American Cancer Society's navigation support program, combining technology and human connection to improve the cancer experience for patients, caregivers & supporters.

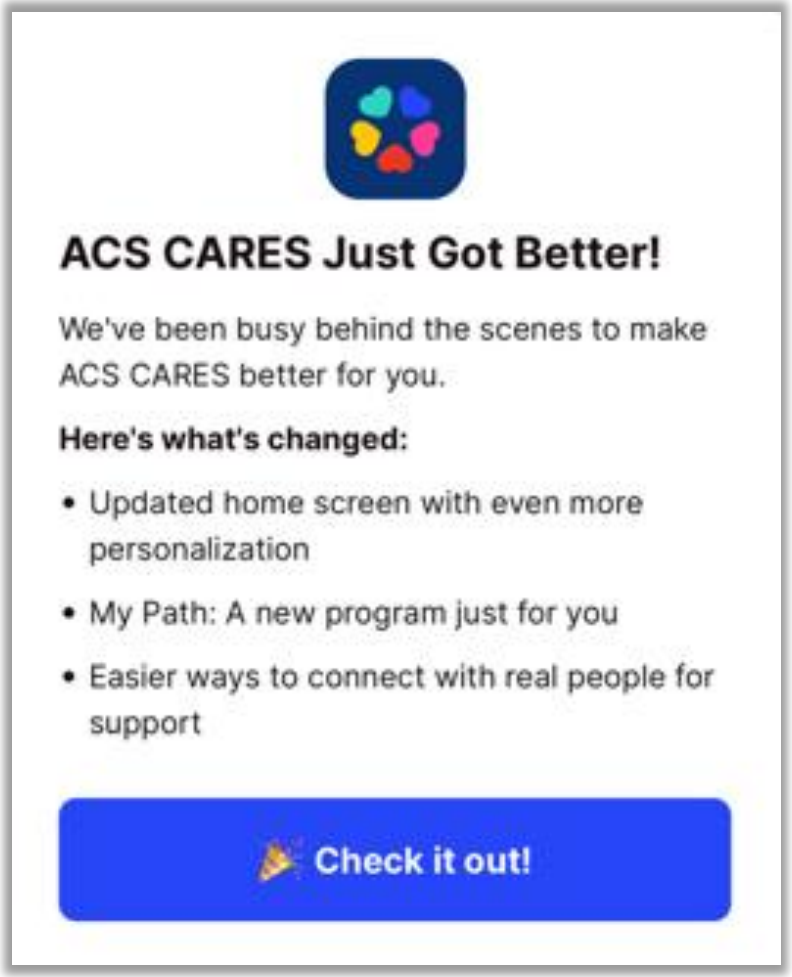
- **Personalized support**: Trusted, evidence-based cancer information, resources, and support from people who have been there, all in one place
- **In-person access**: Undergrad/grad student volunteers embedded in clinics at participating health care systems
- **Accessible anywhere**: Available on your phone, whenever you need it



Program Impact:

ACS CARES has navigated **19,000+ individuals**, made over **2,065 volunteer connections**, trained over **750 peer support volunteers** and placed **300+ student volunteers in 22 clinics** around the country.

What's New in 2026



The **ACS CARES app** continues to evolve to better meet the needs of people facing cancer and those who care for them.

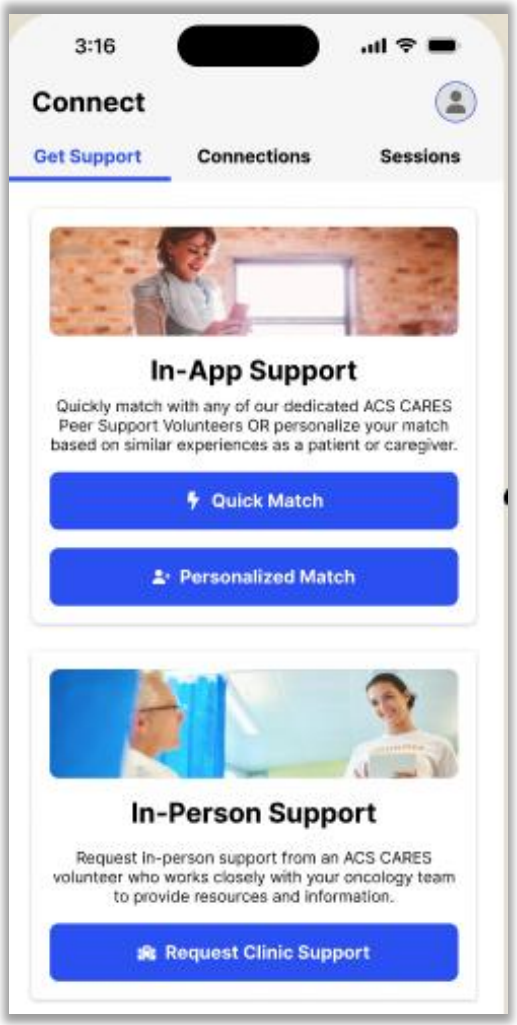
With several new and enhanced features, the app now offers a more personalized, supportive, and easy to navigate experience, helping users feel more confident and connected throughout their cancer journey.

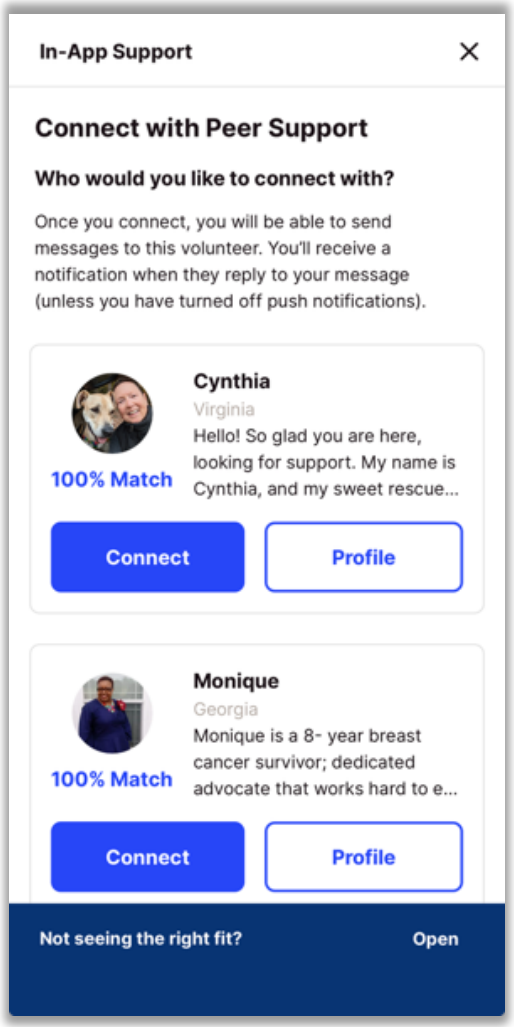
My Path

My Path is a new, interactive weekly program designed to help people manage life with cancer through small, achievable steps.

Tailored to each individual, My Path provides simple guidance and supportive resources that build confidence, encourage self management, and support emotional wellbeing across each stage of the cancer journey.

Quick Match

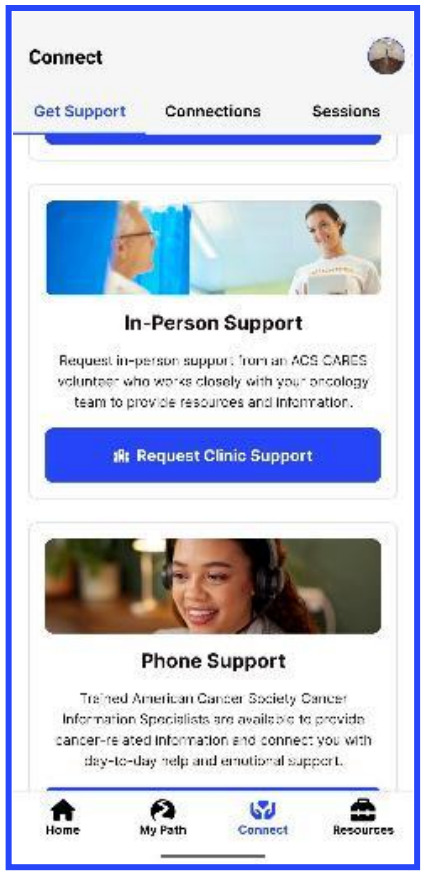




In addition to personalized matching based on shared experiences and background, the app now includes **Quick Match**, a one-click option that instantly connects patients or caregivers with a trained peer volunteer.

This gives users more flexibility in how they connect and makes support easier to access when it's needed most.

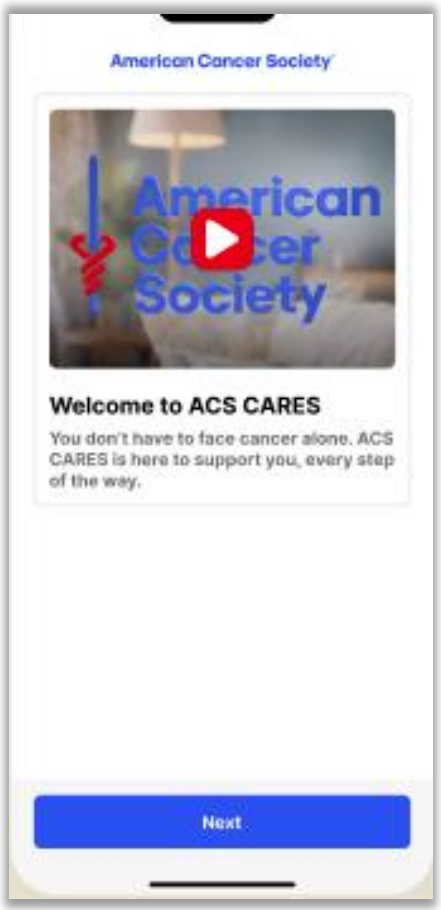
Student Clinic Site Locations

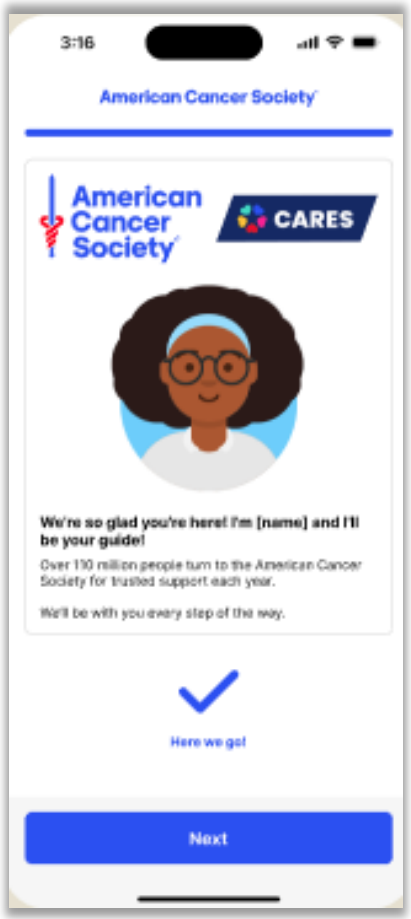


If a participating clinic site is in your area, you can support handoffs to undergrad/grad student volunteers embedded in these clinics. Currently 22 health care systems nationwide:

- University of Iowa – Holden Comprehensive Cancer Center (Iowa City, IA)
- UCLA – Comprehensive Cancer Center (Los Angeles, CA)
- MUSC – Hollings Cancer Center (Charleston, SC)
- Texas Oncology (Austin, TX)
- Sylvester Comprehensive Cancer Center (Miami, FL)
- Atrium Health Wake Forest Baptist Comprehensive Cancer Center (Winston-Salem, NC)
- Denver Health (Denver, CO)
- University of Mississippi Medical Center (Jackson, MS)
- Mount Sinai Health (New York, NY)
- University of South Alabama Mitchell Cancer Institute (Mobile, AL)
- Orlando Health (Orlando, FL)
- University Medical Center New Orleans (New Orleans, LA)
- UT San Antonio (San Antonio, TX)
- West Michigan Cancer Center (Kalamazoo, MI)
- University of California San Diego (San Diego, CA)
- OSF HealthCare Cancer Institute (Peoria)
- Atrium Levine Cancer Institute (Charlotte, NC)
- St. Joseph Candler Health System (Savannah, GA)
- Sentara Health (Virginia Beach, VA)
- Emory Winship Cancer Institute (Atlanta, GA)
- St. Joseph Health (Santa Rosa, CA)
- VCU Health (Richmond, VA)

Improved onboarding experience

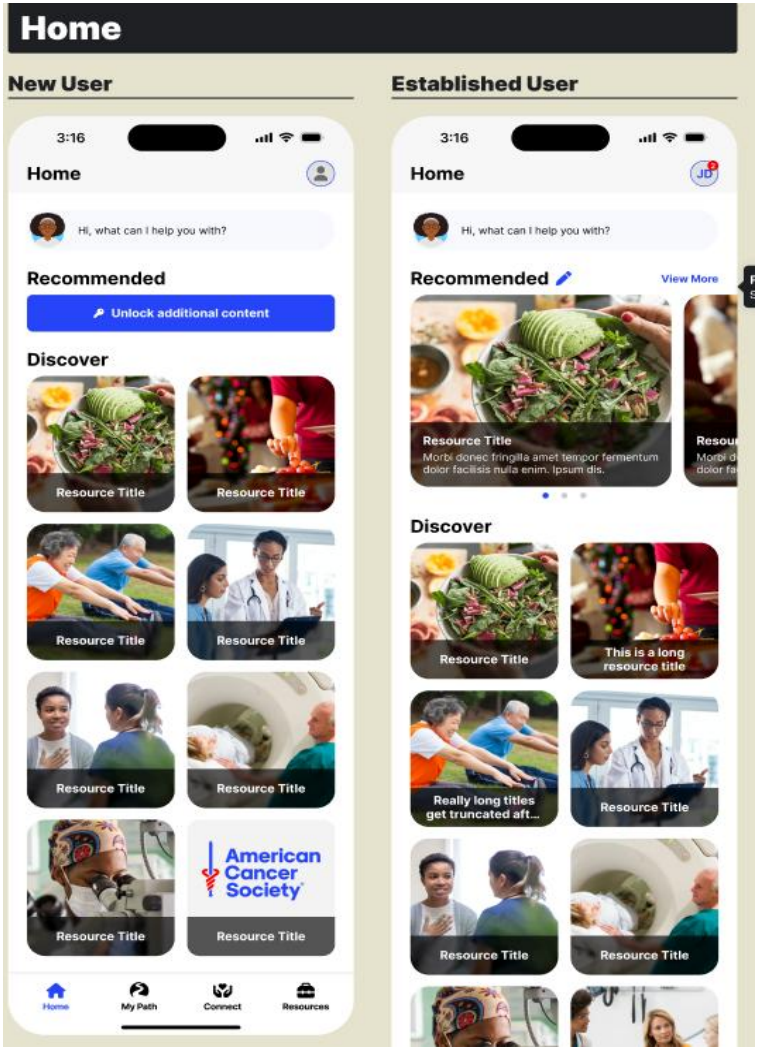




The improved ACS CARES **onboarding experience** introduces the app in a clear, supportive, and easy to understand way.

A welcoming video helps build trust from the start, while personalization during onboarding ensures users are connected to resources that reflect their unique needs and preferences.

Refreshed App Design



Refreshed app design includes larger tiles, more images, and a reorganized **Home page menu** to quickly access My Path, Connect, and Resources.

The **Unlock additional content** button in Recommended takes users directly to the HRSN assessment for additional personalization.

Call to Action

Share ACS CARES with patients, caregivers, and supporters to increase access to impactful navigation support and help people with cancer and their caregivers navigate the cancer journey with confidence!

Download the **ACS CARES app**

Visit cancer.org/acscares

Contact ACS CARES team for more information at ACSCARES@cancer.org

ACS ACTS™

Access to Clinical Trials & Support

A free, nationwide clinical trial matching and support service offered by the American Cancer Society

Goal

Help people impacted by cancer understand, access, and enroll in clinical trials while reducing barriers to participation

Who We Serve

People diagnosed with cancer, cancer survivors, caregivers, and healthcare teams across all cancer types, ages, and U.S. locations

Program Offerings

- Clinical trial education and navigation support
- Screening for barriers to treatment
- AI-powered clinical trial matching
- Personalized clinical trial match report
- Assistance with trial screening, site connections, and enrollment navigation
- Transportation, lodging, and other wraparound support services from end-to-end

ACS ACTS and ACS CARES

Direct link to ACS ACTS on cancer.org is available in the app on Resources tab

Learn more at **cancer.org/acts**

HELP SHAPE THE FUTURE OF NAVIGATION REIMBURSEMENT

PIN Pulse Survey | July 20 - October 14

American Cancer Society | National Navigation Roundtable

Your Voice Matters

Whether your organization is actively billing, planning implementation, exploring options, or just learning about reimbursement opportunities, your experience can help guide national efforts to strengthen and sustain patient navigation programs.

WHO SHOULD PARTICIPATE?

- ✓ Currently using navigation billing codes
- ✓ Planning to implement billing codes
- ✓ Not currently pursuing billing codes
- ✓ Interested in learning more about reimbursement

Your feedback will help the National Navigation Roundtable better understand reimbursement adoption, barriers, and opportunities across the country.

SCAN TO TAKE THE BRIEF SURVEY

Every perspective counts. Every response helps advance navigation sustainability.

State Chair Town Hall

Open Forum

State Chair Town Hall

Thank you!

Questions?
mleeb@facs.org