New Directions for Pediatric Cancer Programs

Richard D. Glick, MD
Associate Professor of Surgery and Pediatrics; Director of Pediatric Surgical Oncology
Cohen Children's Medical Center; Zucker School of Medicine at Northwell Health
New Hyde Park NY

1

Disclosures

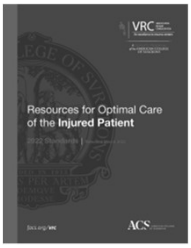
- Nothing to disclose

2

Why do we need different standards?

3

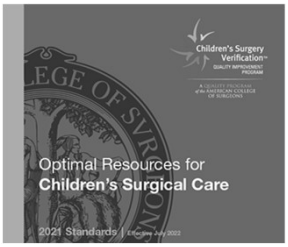
Different Standards



4

Different Standards

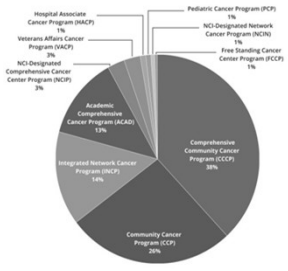
ACS NSQIP PEDIATRIC



5

Pediatric Cancer Center

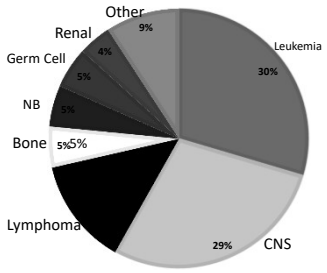
- Currently…small number CoC pediatric centers vs adult
- 1350 total program
- 12 pediatric



6

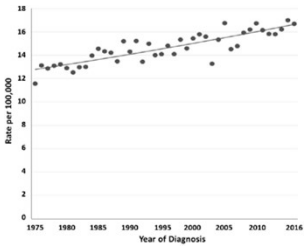
Children's Cancer

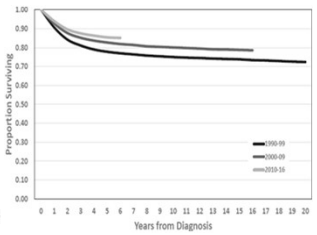
- Leading cause of death after infancy
- 16000 new diagnoses per year (ages 0-19); 1.9 million adults
- 1600 deaths per year; 610000 adults
- 70 potential life years lost vs 14



7

Children's Cancer





8

Children's Cancer

Children's Oncology Group (COG)

- Cooperative groups to study pediatric malignancies
- More than 200 COG sites
- More than 100 active clinical trials open at any given time
- More than 90% of cases are cared for at COG institutions

9

New Pediatric Accreditation Standards

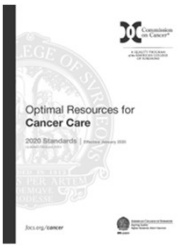
Definition:

- The facility provides care to children and adolescents below the age of 18 (a center that cares only for teens and older is excluded) and is either a stand-alone pediatric facility or pediatric oncology program within an existing CoC-accredited facility. The pediatric facility or pediatric oncology program offers the full range of diagnostic and therapeutic services for pediatric patients. The pediatric facility or pediatric oncology program is required to participate in cancer-related clinical research, including the enrollment of patients in cancer-related clinical trials. There is no minimum caseload requirement for this category.

10

New Pediatric Accreditation Standards

1. Institutional Administrative Commitment
2. Program Scope and Governance
3. Facilities and Equipment Resources
4. Personnel and Services Resources
5. Patient Care: Expectations and Protocols
6. Data Surveillance and Systems
7. Quality Improvement
8. Education: Professional and Community Outreach
9. Research



11

New Pediatric Accreditation Standards

1. Standard 1.1: Administrative Commitment: for a secondary cancer accreditation, letter needed to address the issue of pediatric cancer care relative to rest of program
2. Standards 2.1-2.5:
   - Cancer Committee includes pediatric subspecialists with pediatric credentials/certifications
   - Cancer Liaison Physician must be a pediatric physician
   - Multidisciplinary Cancer Conferences must have representation by pediatric specialties (surgery, oncology, radiology, pathology, radiation oncology (with some pediatric experience)

12

New Pediatric Accreditation Standards

3. Standard 3.2: radiologists must be available to address issues of radiation exposure specific to pediatrics; policies and procedures must address pediatric cancer care (eg: pediatric oncology nursing)
4. Standard 4.1-4.8:
   - Physician Credentials: patient management physicians must have training in pediatric surgery, rad onc, radiology, oncology or CME
   - Genetic Counseling and Risk Assessment: specific genetic assessment for pediatric malignancies
   - Rehabilitation Care Services: availability of appropriate pediatric services (physiatry, physical therapy, occupational therapy, speech pathology)
   - Oncology Nutrition Services: pediatric specialized
   - Survivorship Program: team with pediatric physicians and other professionals geared toward children

13

New Pediatric Accreditation Standards

5. Standard 5.1: College of American Pathologist Synoptic Reporting.

Standards 5.3 – 5.8:
- Sentinel node biopsy for breast cancer
- Axillary node dissection for breast cancer
- Primary cutaneous melanoma
- Colon resection
- Total mesorectal excision
- Pulmonary resection

} Exempt

14

New Pediatric Accreditation Standards

7. Standard 7.2: Monitoring concordance with evidence-based guidelines: one pediatric-focused study must be completed each accreditation cycle
8. Standard 8.2 – 8.3:
   - Cancer prevention event (starting in 2026)
     - Sunscreen, obesity, HPV vaccination
   - Cancer screening event: not required
     - Screening and active surveillance of syndromic patients (eg: Beckwith-Wiedemann) in association with genetics

15

New Pediatric Accreditation Standards

9. Research
   9.1: Clinical research accrual: number of accruals to cancer related clinical research meets or exceeds 50% (COG and non-COG)
   COG membership required!!

16

New Pediatric Accreditation Standards

- Why become a CoC accredited PCP?
- What is the value?
  - Similar to Level 1 trauma, NSQIP, CSV
  - We have most already in place
  - Allows us to codify, organize ourselves
  - Pushes us to do a few extra things
  - Pushes us even more to get patients into research trials
  - Data to and from the NCDB
  - Added pride, prestige and marketing ability in a competitive environment

17

New Pediatric Accreditation Standards

- Future:
  - Dissemination of the CoC's renewed interest in pediatric cancer
    - Societies and organizations (COG, AAP, APSA, ASPHO, ASCO)
  - Interest in NCDB staging issues
    - Children's tumors are staged very differently

18

Key Takeaways

- Children are NOT just small adults
  - Children with cancer have very specific needs and nuances
- New standards make the CoC pediatric certification much more relevant for pediatric programs
- Encouragement of current adult CoC programs to apply for additional pediatric
- Encouragement of children's hospitals to apply for accreditation

19

Thank you

20