Commission on Cancer
State Chair Town Hall

July 18, 2023
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 New CoC State Chairs

Ravi Chokshi, MD, FACS
New Jersey

Danielle Deperalta, MD, FACS
New York: Brooklyn/Long Island

Michele Gage, MD, FACS
Washington, DC
Welcome New CoC State Chairs

Carl Schmidt, MD, FACS
West Virginia

Jonathan Sham, MD, FACS
Washington
Welcome New CoC State Chairs

Emily Sturms, MD, FACS
Illinois

Christine Wai, MD, FACS
Hawaii
CoC Update

- Monthly CLP and site visit lists
- CoC Research Paper Competition
- CLP Outstanding Performance Award
- Post Town Hall Communications
Upcoming Meetings

• CoC Fall Meetings
  • October 22
  • Boston, MA
• ACS Clinical College 2023
  • October 22-25
  • Boston, MA
• 2024 ACS Cancer Programs Conference
  • February 22-24, 2024
  • Austin, TX
CoC Operative Standards Updates

CSSP Education Committee
Chair: Mediget Teshome, MD MPH FACS
Vice-Chair: Timothy Vreeland, MD FACS
Presenter: Makesha Miggins, MD FACS

CoC Cancer Liaison Physicians Meeting
07.18.2023
# The CoC Operative Standards

<table>
<thead>
<tr>
<th>Standard</th>
<th>Disease Site</th>
<th>Procedure</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.3</td>
<td>Breast</td>
<td>Sentinel node biopsy</td>
<td>Operative report</td>
</tr>
<tr>
<td>5.4</td>
<td>Breast</td>
<td>Axillary dissection</td>
<td>Operative report</td>
</tr>
<tr>
<td>5.5</td>
<td>Melanoma</td>
<td>Wide local excision</td>
<td>Operative report</td>
</tr>
<tr>
<td>5.6</td>
<td>Colon</td>
<td>Colectomy (any)</td>
<td>Operative report</td>
</tr>
<tr>
<td>5.7</td>
<td>Rectum</td>
<td>Mid/low resection (TME)</td>
<td>Pathology report (CAP)</td>
</tr>
<tr>
<td>5.8</td>
<td>Lung</td>
<td>Lung resection (any)</td>
<td>Pathology report (CAP)</td>
</tr>
</tbody>
</table>
# Changes to the CoC Operative Standards 5.6 & 5.7 in the CoC Standards Manual (Feb 2023)

<table>
<thead>
<tr>
<th>Standard</th>
<th>Date Change Made</th>
<th>Edit Made</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 5.6: Colon Resection</td>
<td>February 24, 2023</td>
<td>Table for required elements of synoptic reporting updated. For applicable elements, added: <em>(select all that apply)</em></td>
<td>Update</td>
</tr>
<tr>
<td>Standard 5.6: Colon Resection</td>
<td>February 24, 2023</td>
<td>Language updated: “This standard applies to all resections performed with curative intent for patients with colon adenocarcinoma cancer, and applies to all operative approaches.”</td>
<td>Clarity</td>
</tr>
<tr>
<td>Standard 5.7: Total Mesorectal Excision</td>
<td>February 24, 2023</td>
<td>Language updated: “This standard applies to all radical, anatomic operations for rectal adenocarcinoma performed with curative intent and excludes <em>in-situ lesions and</em> primary resection specimens with no residual cancer (e.g., following neoadjuvant therapy).”</td>
<td>Clarity</td>
</tr>
</tbody>
</table>
Timeline & Compliance Requirements for Standards 5.3-5.6

• In 2022, CoC-accredited programs documented their final plan for how they will meet the requirements of Standards 5.3-5.6 starting on January 1, 2023
  • This documentation will be reviewed at site visits in 2023, 2024, and 2025.

• Each operative report must meet both the technical and documentation requirements for the standard to be found compliant. Documentation must include CoC-required specific elements and responses in synoptic format.

• Starting with site visits in 2024, site reviewers will assess 7 operative reports for each standard.
Timeline for Standards 5.3-5.6

- **2020**: Introduction of operative standards
- **2021**: Plan for implementation, educate/train surgeons & registrars
- **2022**: Document final plan for implementation and conduct audits
- **2023**: Begin compliance with Standards 5.3-5.6
  - Site Visits review documentation of final plans for compliance
  - Site Visits review 2023 operative reports for 70% compliance
  - Site Visits review 2023 & 2024 operative reports for 80% compliance
- **2024**
- **2025**

Steps to Achieve Compliance:

- Document final plan for implementation and conduct audits
Timeline for Standards 5.7-5.8

Compliance and Site Reviews

- Communicate requirements & engage clinicians in implementation plans
- Measure compliance with synoptic pathology reports and assure high reliability for future site visits
- Site Visits review 2021 pathology reports for 70% compliance
- Site Visits review 2021 & 2022 pathology reports for 80% compliance
- Site Visits review 2021, 2022, and 2023 pathology reports for 80% compliance

Steps to Achieve Compliance
Compliance levels for 5.3-5.8

<table>
<thead>
<tr>
<th>Visit Year</th>
<th>Standard</th>
<th>Materials Assessed</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>5.3-5.6</td>
<td>Implementation plan for Standards 5.3-5.6</td>
<td>Plan documented in 2022</td>
</tr>
<tr>
<td>2023</td>
<td>5.7</td>
<td>7 rectal pathology reports from 2021-2022</td>
<td>80% compliance</td>
</tr>
<tr>
<td>2023</td>
<td>5.8</td>
<td>7 lung pathology reports from 2021-2022</td>
<td>80% compliance</td>
</tr>
<tr>
<td>2024</td>
<td>5.3-5.6</td>
<td>Implementation plan for Standards 5.3-5.6 7 operative reports, per standard, from 2023</td>
<td>70% compliance</td>
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<tr>
<td>2024</td>
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<tr>
<td>2025</td>
<td>5.3-5.6</td>
<td>Implementation plan for Standards 5.3-5.6 7 operative reports, per standard, from 2023-2024</td>
<td>80% compliance</td>
</tr>
<tr>
<td>2025</td>
<td>5.7</td>
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</tr>
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</table>
Opportunities for Improvement and Lessons Learned from Prior Site Visits
Opportunities for Improvement Identified During Site Visits

Standard 5.7 (Total Mesorectal Excision)

• Facilities not using most recent version of CAP report (missing TME completeness)
• Incomplete excision of the mesorectum
• Location and evaluation of mesorectum missing
• Pathology reports did not address the intactness of mesorectum
Opportunities for Improvement Identified During Site Visits

Standard 5.8 (Pulmonary Resection)

• Failure of surgeons to remove/identify required nodal stations
• Inadequate number of nodes from required stations (either no nodes removed, or fewer stations than required for mediastinal and/or hilar nodes)
• Stations not listed in pulmonary resection synoptic pathology reports
• Nodes grouped rather than named by site
• Information included not in synoptic format
Lessons Learned

Strategies for achieving compliance with Standards 5.7 and 5.8

• Performing internal audits in preparation for the site visit
• Education, awareness, communication with surgeons/pathologists (share CSSP resources, STS webinar, etc.)
• Ensure thoracic and colorectal representation at tumor board
• Use most recent versions of CAP reports
• Create an internal review process to track reports
• Provide a checklist for staff in OR to use and remind surgeons of the need for mediastinal sampling and TME completeness as necessary
Resources and Events
Recently Released Resources

Resources to help CoC programs prepare for site visits:

- **CoC Standard 5.7 flyer** and **CoC Standard 5.8 flyer** detail the technical and compliance requirements.
- **Editorial** on CoC Operative Standards 5.3 and 5.4
- **Editorial** on CoC Operative Standard 5.5
- **Video** on CoC Operative Standard 5.5: Requirements & Best Practices
- **Video** on CoC Operative Standard 5.6: Requirements & Best Practices
Recently Released Resources

• New Cancer Surgery Standards Program (CSSP) cancer surgery protocol on pancreas, lung, and thyroid cancers are available for Kindle and print-on-demand.
Operative Standards Toolkit

All resources can be found on the Operative Standards Toolkit, organized by topic.

This toolkit includes resources to assist with the implementation of the six Commission on Cancer (CoC) Operative Standards in the Optimal Resources for Cancer Care (2020 Standards). Standards S.3 through S.8. Resources are organized by category or standard. CoC-accredited programs should share these resources with their staff to increase awareness and understanding of these accreditation standards. Please send any questions to cssp@facs.org.
Technical Standards for Pancreatic Cancer Surgery (Pancreatoduodenectomy) Webinar

• Broadcasted on February 21st, 2023.

• The webinar discussed evidence-based operative standards for the performance of pancreatoduodenectomy as outlined in the Operative Standards for Cancer Surgery, Volume 1.

• The webinar can be viewed on YouTube on the Cancer Surgery Standards Program playlist. Please note CME will not be awarded to participants watching the webinar on YouTube. Participants will only earn CME credit if the content is viewed through the ACS Learning Management System (LMS).
Upcoming Events and Webinars

• ACS Quality & Safety Conference
  • July 10th-13th in Minneapolis

• Breast Cancer Surgery Technical Standards Webinar
  • September 12th at 5pm CT

• 2024 Site Visit Preparation Webinar
  • Fall 2023

• Operative Standards Webinar for RAS Members
  • Fall 2023
Thank you, State Chairs!

Questions?

cssp@facs.org

Quick Links:
Operative Standards Toolkit
CoC 2020 Operative Standards
CAnswer Forum
Current Projects

• Beyond ASK
  • Supporting programs to “Advise and Assist” patients in smoking cessation
  • Approximately 320 CoC and NAPBC programs

• Breaking Barriers
  • Programs identify, analyze, and prioritize barriers to cancer care
  • Approximately 380 CoC and NAPBC programs

• *PROMPT
  • Timeliness of care

Visit project websites for more information
Looking Ahead - 2024 projects

Breaking Barriers (year 2)

- Prioritizing at least one barrier and developing sustainable solutions
- Do not need to participate in Year 1 to participate in Year 2

Standard 5.8 Pulmonary Resection

- Cohort Collaborative
- Focusing on process mapping and root cause analysis

Submit your own ideas for a National QI Project!

- Process in development and more will be announced by January 1 for 2025 project considerations
State Chair QI Survey Results

- Are you interested in QI training and educational opportunities
  - 59%- Yes
  - 35%- I am already familiar
  - 6%- No

### What role do you think a state chair should play in QI?

<table>
<thead>
<tr>
<th>Role</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Act as a resource for CLPs in interpreting NCDB tools</td>
<td>69%</td>
</tr>
<tr>
<td>Act as a resource for CLPs in designing a QI project</td>
<td>60%</td>
</tr>
<tr>
<td>Review state level aggregate data from CoC accredited programs participating in National QI projects</td>
<td>58%</td>
</tr>
<tr>
<td>Help recruit for national QI initiatives at the state level</td>
<td>48%</td>
</tr>
<tr>
<td>Act as a resource for CLPs in interpreting QI data, reviewing PDSA cycles, etc</td>
<td>44%</td>
</tr>
<tr>
<td>Act as a resource for CLPs in understanding state level resources (as it relates to a specific QI initiative)</td>
<td>23%</td>
</tr>
<tr>
<td>I do not believe there is a role for state chairs in QI</td>
<td>0%</td>
</tr>
</tbody>
</table>
CoC Quality Improvement Committee

Educational Subcommittee
- Support the educational needs of CoC stakeholders (CLPs, CTRs, Site reviewers, etc)
- Support ACS wide QI Course
- Provide recommendations for Cancer content in ACS conferences

Implementation Subcommittee
- Support local QI initiatives via coaching and guidance
- Test and provide recommendations on the ACS Quality Framework and other tools
- Consider local, regional, and state collaboration, needs, and resources via National QI projects

QI Case Study Repository: https://www.facs.org/quality-programs/case-studies/
Considerations and Questions

• Do you know which programs in your state are participating in National QI projects?
  • Can we cultivate quick wins/successes locally?

• What will be helpful to communicate with your CLP’s, as it relates to QI
  • For recruitment of new projects? For communicating project updates? For new resources or tools
Reach out anytime

Cancerqi@facs.org
ereilly@facs.org
Cancer Programs Staff

Erin Reuter – Accreditation Senior Manager

Marci Ramahi – Manager, Cancer Accreditation

Kalea Whitmore – Follows up on leads

Sue Rubin – Assists applicants through process
Why seek CoC, NAPRC, NAPBC accreditation?

• Community of peers
• Clinical focus
• Focus on evidence-based care
• Multidisciplinary approach

• Site reviewers’ experience
• Marketing advantage
• National recognition
• NCDB national data
How can we help?

Accreditation resources:

• QPort Resources – links to FAQs on the standards and related website and information
• CAnswer Forum – searchable for topics and answers, 24/7
• Workshops at the annual Cancer Conference
• Gap Analysis Tools

Related to accreditation:

• Quality Improvement education and toolkit
• Education for patients (available through the ACS store)
  • Brochures
  • ACS website
How can we help?

• Marketing the achievement
  • Sample press releases (it’s a good idea to share your success!)
  • Posters and banners
  • Social media graphics
  • Power of Quality campaign and SQP diamonds
What is coming up?

• Expanding site reviewer pool to allow for more flexibility in scheduling sit visits
• 2024 NAPBC standards – activities for compliance begin 2024, site visits to assess in 2025
• Pediatric Cancer Program “secondary” accreditation
• Looking into how to assist rural hospitals so they can remain viable while providing high-level care in their communities
For general information, refer leads, or suggest site reviewer candidates, contact

Marci Ramahi (mramahi@facs.org)
Erin Reuter (ereuter@facs.org)
Kalea Whitmore (kwhitmore@facs.org)

Thank you!
American Cancer Society
Overview and 2023 Priorities
Vision: End cancer as we know it, for everyone.

Mission: Improve the lives of people with cancer and their families through advocacy, research, and patient support, to ensure everyone has an opportunity to prevent, detect, treat, and survive cancer.
Elizabeth Holtsclaw  
Elizabeth.Holtsclaw@cancer.org  
Director, Payor and National Partnerships

Suncerria Tillis  
Suncerria.Tillis@cancer.org  
Sr. Director, Payor and National Partnerships
We provide expert-level, patient-centric assistance to solve important problems across the cancer continuum for:

- Patients
- Families & Caregivers
- Health Care Professionals & Communities
The American Cancer Society: Patient Support Pillar

Person-centered support across the cancer continuum

Cross-continuum work:
- Health equity
- Global health
- Caregivers

Prevention
Early Detection
Treatment Support
Research Support
Palliative care & symptom management
Survivorship
End-of-life care and bereavement
Every journey. Every step. Every day.

Partnering with 200 health systems and health plans nationwide to increase cancer screening and HPV vaccination.

More than $6M investment focused on advancing high-quality cancer care through capacity building and support of oncology patient navigation.

Information, resources, and support through ACS CARES navigation program.

Free rides to treatment through our Road To Recovery® program and transportation grants.

24/7 access to answers and hope via cancer.org and our free helpline at 1-800-227-2345.

Advocating for high-quality, affordable health care for everyone, including closing the Medicaid coverage gap, through our American Cancer Society Cancer Action NetworkSM.

Collaboration with community partners and health systems to identify and address disparities in prevention, screening, diagnosing, and treating cancer.

Online Cancer Survivors Network®: a supportive online community for nearly one million people affected by cancer type.

Free nights of lodging for people with cancer and their caregivers traveling for treatment.

Peer-to-peer support from breast cancer survivors through our Reach To Recovery® support program.

Educating and advocating for healthy lifestyles and environments, including promotion of regular screening, and trusted source of screening recommendations for health care professionals.
What no other organization could do

The American Cancer Society: Patient Support Pillar

1.48 million
Lives touched (~cancer.org)

141,539
Recipients of patient programs/services

24,000
Hope Lodge guests

41,000
Rides to treatment

220,000
NCIC callers/chats

1.29 million
CSN participants

1,471 partner organizations engaged in ACS initiatives

Total lives touched in 2022: 50.8 million
ACS and CoC Collaboration

• Content shared during state chair calls, through state chair emails and weekly newsletters

• State chair pairing with ACS state-based staff
  • Look for email introduction later this week

• To come—further clarification on ACS engagement with CoC facilities
I can’t imagine a Sunday afternoon without you.

I Love you! Get Screened

Regular cancer screening can save your life.

Screening tests can detect cancer before it starts or catch cancer early, when it may be easier to treat. Many tests are available for free or covered by insurance.

Learn more at cancer.org/getscreened

I Love You Get Screened Campaign

Love is an action. Get screened.

Make cancer screening a regular part of your life. Screening tests are used before a person has any symptoms to help find cancer early, when it may be easier to treat.

Print, social media, digital and information on our website

https://www.cancer.org/cancer/screening/get-screened.html regular
Second Annual National Lung Cancer Screening Day (“National LCS Day”) on Saturday, November 11, 2023
https://nlcrt.org/lung-cancer-screening-day

Please Join Us

The American Cancer Society National Lung Cancer Roundtable (ACS NLCRT), American College of Radiology (ACR), and Radiology Health Equity Coalition (RHEC) have partnered once again for the second annual National Lung Cancer Screening Day (“National LCS Day”) on Saturday, November 11, 2023. As part of Lung Cancer Awareness Month and in partnership with the ACR and the RHEC, we are promoting this lifesaving event to screen more individuals and raise awareness about lung cancer screening. The President’s Cancer Panel recommends lung cancer screening as the single most effective strategy for reducing mortality from the disease and closing the gap to improve health equity and access. To achieve this goal, the President’s Cancer Panel has charged individuals, health systems, and communities with communicating and promoting lung cancer screening.

Sign Up Here to Support Lung Cancer Screening Day

Locate a Lung Cancer Screening Facility Near You
ACS CARES (Community Access to Resources, Education, and Support) equips those facing cancer with curated content, programs, and services to fit their specific cancer journey

**Customized Guidance**
Download the app and get personalized information and resources that update as you age, your situation changes or new information becomes available.

**Access to Information**
24/7 access to receive over-the-phone support from trained American Cancer Society (ACS) staff.

**Support System**
Virtual support from trained ACS community volunteers and in person support from clinic volunteers.

Thank You