This is a toolkit for Commission on Cancer (CoC) State Chairs. This toolkit includes an overview of the CoC, describes how the CoC State Chair role is integral to the work of the CoC, and provides a list of resources available to CoC State Chairs. For questions, please contact Melissa Leeb mleeb@facs.org or Danielle Lopez dlopez@facs.org
## Contents

Chapter 1 Commission on Cancer Overview ................................................................. 1

Chapter 2 Cancer Liaison Program and Committee on Cancer Liaison....................... 2

Chapter 3 CoC State Chair Responsibilities .................................................................... 5

Chapter 4 How to Get Started ......................................................................................... 8

Chapter 5 CoC State Chair Activity Report .................................................................. 12

Chapter 6 Outstanding Performance Award .................................................................. 13

Chapter 7 Cancer Liaison Physicians (CLPs) ................................................................. 14

Chapter 8 Role with American College of Surgeons Chapter ..................................... 16

Chapter 9 American Cancer Society Partnership ......................................................... 17

Chapter 10 Role with Comprehensive Cancer Control Coalition ............................... 20

Chapter 11 Advocacy Engagement ............................................................................... 24

Chapter 12 Data Tools and Resources ......................................................................... 29
Commission on Cancer Overview

Mission
The Commission on Cancer (CoC) is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard setting, prevention, research, education, and the monitoring of comprehensive quality care.

History
Established by the American College of Surgeons (ACS) in 1922, the CoC establishes standards to ensure quality, multidisciplinary, and comprehensive cancer care delivery in health care settings; conducts surveys in health care settings to assess compliance with those standards; collects standardized data from CoC-accredited health care settings to measure cancer care quality; uses data to monitor treatment patterns and outcomes, as well as enhance cancer control and clinical surveillance activities; and develops effective educational interventions to improve cancer prevention, early detection, cancer care delivery, and outcomes in health care settings.

Membership
CoC membership is comprised of surgeons representing the ACS and representatives from member organizations of the CoC. These individuals direct the activities of the CoC through its committees: Executive, Nominating, Accreditation, Cancer Liaison, Advocacy, Education, Member Organization Steering and Quality Integration.

CoC Member Organizations include administrative, patient-focused, allied health, clinical, governmental, registry, and research/education organizations.
Cancer Liaison Program

Established in 1963, the Cancer Liaison Program of the Commission on Cancer was developed as a grassroots network of physician volunteers willing to manage clinically related cancer activities in their local institutions and surrounding communities. The Cancer Liaison Program is composed of a network of 1,500 Cancer Liaison Physicians (CLP) and 64 CoC State Chairs who provide leadership to the CLPs in their state or region.

Committee on Cancer Liaison

The Committee on Cancer Liaison (the Committee) directs the activities of the Cancer Liaison Program which includes a network of Cancer Liaison Physicians (CLPs) and State Chairs. The Committee also oversees the implementation of priorities established by the funding agency, the American Cancer Society.

Roles in the Committee include Chair, Vice-Chair, CLP Staff Liaisons (from the American College of Surgeons Cancer Programs), the Cancer Liaison Program Advisory Leadership Group (this group is comprised of the four CoC State Chair Advisory Groups Chairs) and the four Advisory Groups. The Advisory Groups are comprised of State Chairs and American Cancer Society regional staff.
CoC State Chair Advisory Groups

All State Chairs are required to serve on one of four Advisory Groups. The groups meet by conference call a minimum of twice annually. There may be additional time needed to review materials prior to the calls (State Chair activity reports, abstracts, etc.). The four Advisory Groups include:

Recognition Advisory Group:
- Reviews State Chair Activity Reports and chooses the annual State Chair Outstanding Performance Award winners

CoC Paper Competition Advisory Group:
- Reviews abstracts submitted to the annual CoC Cancer Research Paper Competition, and
chooses the first, second and third place winners

**Meeting Planning Advisory Group:**

- Develops the agenda for the annual State Chair Town Hall meeting

**Cancer Liaison Physician Education:**

- Develops educational resources for CoC State Chairs and Cancer Liaison Physicians
CoC State Chair Responsibilities

State Chairs are American College of Surgeons Fellows, or those applying for Fellowship, that serve as representatives of the Commission on Cancer (CoC) by providing leadership and support to CoC-accredited programs and Cancer Liaison Physicians (CLPs) in their state or region. CoC State Chairs serve a three-year term and can be reappointed based on performance. They are collaborators, innovators, and experts working with cancer programs, cancer professionals, the American Cancer Society and comprehensive cancer control coalitions to improve the quality of cancer care in their state or region.

Communicate Regularly with Cancer Liaison Physicians in the State/Region

A list of Cancer Liaison Physicians is available in CoC Datalinks under the CoC State Chair Access menu. A user name and password are required to access CoC Datalinks. Contact coc@facs.org for login information. Group e-mail lists can be auto-generated directly from CoC Datalinks to facilitate regular communication with Cancer Liaison Physicians.

Maintain regular communication with CLPs:

- Email CLPs at least quarterly
- Conduct conference calls and/or webinars
- Conduct in-person meetings, if feasible
  - Small stipends are available for meeting support
Suggested topics for these communications include:

- CoC activities
- Collaborative projects with the American Cancer Society
- ACS Chapter activities
- Cancer-related advocacy issues
- Comprehensive cancer control coalition activities
- Dissemination of new cancer specific guidelines or landmark clinical trial results

**Support and Provide Direction for CoC Initiatives and Activities**

- Serve on a State Chair Advisory Group.
- Encourage and facilitate CLP participation on the Cancer Committee.
- Ensure CLPs understand CoC standards for accreditation and the importance and value of the National Cancer Database tools to monitor patient care and improve quality.
- Identify and encourage non-accredited programs in the state or region to consider accreditation and contact programs considering withdrawal.
- Read the Cancer Programs e-newsletter.
- Access list of CoC surveys through CoC Datalinks and connect with CLPs prior to the survey to offer assistance.

**Participate in Collaborative Activities**

- **ACS Chapter**: Serve as a member of ACS Chapter Council, report on CoC activities, the annual CoC cancer research paper competition, and participate in cancer related legislative activities.
- **American Cancer Society**: Participate in and provide leadership for the activities of the American Cancer Society. Work with the regional staff to plan your involvement.
Contact information for American Cancer Society staff is available on the American Cancer Society Region Hospital Staff Contact List.

- **Comprehensive Cancer Control Coalition**: Participate and provide leadership to your state’s cancer coalition. Encourage CLP involvement in implementation activities of the state cancer plan. Contact information for the State Comprehensive Cancer Control program contacts is available under the CoC State Chair Access Menu in CoC Datalinks.

**Other**

- Complete the annual State Chair Activity Report.

- Observe an accreditation survey in your state or region. (staff must obtain approval from the surveyor and the program for you to attend. Please contact Melissa Leeb at mleeb@facs.org or Danielle Lopez at dlopez@facs.org to request attendance).

- Attend the annual State Chair Town Hall meeting and the CoC Plenary session held during the ACS Clinical Congress.
  
  o Attendance is reimbursed by the CoC.
  
  o An expense form will be emailed to you the week before the ACS Clinical Congress with instructions for how to submit your expenses.

- Attend State Chair Town Hall webinars.
How to Get Started

One to Three Months

- **Become Familiar with CoC State Chair Resources**

  Resources and tools are included under the CoC State Chair Access Menu in CoC Datalinks. Username and password are required. Contact coc@facs.org to obtain access information. In addition to reviewing this material, it will be helpful for you to become familiar with the CoC website.

  CoC Datalinks Resources Include:

  - CLP Contact Information
  - A list of surveys in your state
  - National Cancer Database (NCDB) tools

- **Obtain a Working Knowledge of the CoC’s Cancer Program Standards**

  It’s important for you to be familiar with the CoC’s standards and the survey process. Be knowledgeable about what the CoC expects of its programs and CLPs and be prepared to answer questions from CLPs with an upcoming survey, from programs seeking accreditation for the first time, and programs interested in participating in the CoC accreditation program.
Send an Introductory Email to Your Cancer Liaison Physicians Upon Appointment

It is important that your CLPs know who you are and how to reach you. Give them a brief description of your background and your expectations as State Chair. Let them know the best way to contact you. You are expected to communicate and update CLPs on CoC activities at least quarterly.

Contact the American Cancer Society and the Comprehensive Cancer Control Coalition

Review the guidelines of partnership with both the American Cancer Society and Comprehensive Cancer Control Coalition and contact your respective state representatives found in the corresponding contact lists under the CoC State Chair Access Menu in CoC Datalinks. Your expertise and leadership as a representative of the CoC can enhance partnership goals with these organizations.

Participate in Your Local American College of Surgeons Chapter

Find out when your local ACS Chapter Annual Meeting is scheduled. CoC State Chairs are encouraged to participate in chapter activities, including advocacy efforts.

Three to Six Months

Stay in Touch with Your CLPs

At least one update sent via email should be sent to your CLPs.

Six to Nine Months

Stay in Touch with Your CLPs

Send an email to your CLPs.

Host a Cancer Liaison Physician Meeting

There are multiple ways you can convene your CLPs:

- Conference calls or webinars
- In person meetings, if feasible
- Contact program staff for ideas on content to present
**Within First Year**

- **Send E-mail Communications to Your Cancer Liaison Physicians**
  
  A minimum of 4 emailed updates to your CLPs should be provided by this point.

- **Complete a CoC State Chair Activity Report**
  
  The CoC collects data on State Chair activity at the beginning of each year. The data provided should reflect your activity over the past calendar year and provide an assessment of your performance and areas for improvement and allow you to provide feedback to CoC leadership on how to support you in your role.

- **Recognize CoC-Accredited Programs in Your State**
  
  Be creative in ways that you can promote and recognize facilities in your state or region that are CoC accredited. Reach out to CLPs prior to or after a CoC Survey to offer assistance or congratulatory remarks.

- **Identify Programs for Recruitment into the Accreditation Program**
  
  You are asked to assist the CoC in identifying eligible and/or programs interested in pursuing CoC accreditation and referring them to CoC staff.

- **Contact Programs that Want to Withdraw from Accreditation**
  
  You are asked to assist the CoC by contacting CLPs at accredited programs that communicate their interest in withdrawing their accreditation to understand their concerns and determine how we can bring them back on board.

- **Present to State Groups on Behalf of the CoC**
  
  As the State Chair, you are likely to be asked to present at meetings. These may include American Cancer Society meetings, state comprehensive cancer control coalition meetings, and meetings of the state cancer registrars. Please contact CoC staff if you need assistance in preparing a presentation. A minimum two-week turn-around time is requested.

**Within Three-Year Term**

- **Observe a CoC Survey at a Facility Other Than Your Own**
  
  In order to fully understand the CoC standards and the survey process, the CoC recommends you observe a survey in your state or region at an institution other than your own during your three-year term. Observation of a survey is educational
in nature and provides you with the experience to address concerns or questions from facilities in your own state. A list of surveys in your state or region is available in CoC Datalinks. Contact Melissa Leeb at mleeb@facs.org or Danielle Lopez at dlopez@facs.org for the procedures required to obtain permission for you to attend.

- **Advocate for CoC Inclusion in the State Cancer Plan**

Include objectives in the cancer plan such as increasing the number of CoC-accredited programs in the state or increasing CoC-accredited programs participation as critical coalition members.
CoC State Chair Activity Report

After your first complete calendar year as State Chair, you are required to complete the annual State Chair Activity Report. Data collected from the State Chair Activity Report will be used in the following manner:

- Access the level of activity of the individual State Chairs.
- Determine nominees for the CoC State Chair Outstanding Performance Awards.
- Identify State Chairs who need additional assistance.
- Determine eligibility to serve an additional term.
- Gather feedback on additional resources needed to support their role.
- Summarize activities of the State Chair network and present aggregate findings.
Outstanding Performance Award

Outstanding Performance Awards are given to State Chairs who have met the eligibility criteria and exhibited outstanding leadership, innovation, and made significant contributions to the improvement of cancer care in their state or region. The awards are based on the following: (1) consistent and innovative communication methods used for maintaining relationships with the CLPs; (2) support and initiation of CoC activities at the state or regional level; and (3) collaboration with the local ACS Chapter, American Cancer Society, and state comprehensive cancer control coalition. Eligible State Chairs are those who have completed one three-year term and are currently serving in their second three-year term.

Review Process

CoC staff compiles a list of eligible State Chairs based on data from the State Chair Activity Reports and other data collected throughout the year. Decisions are based on activity from the previous calendar year. The State Chair Recognition Advisory Group reviews nominations and selects the awardees. Up to three State Chairs can receive the Outstanding Performance Award annually.
Cancer Liaison Physicians (CLPs)

CLP as Quality Champion

In the role as physician quality leader of the cancer committee, the CLP must identify, analyze, and present National Cancer Database (NCDB) data pertinent and specific to the cancer program to the cancer committee at a minimum of two meetings each calendar year. CLPs are given access to NCDB reporting tools that include survival reports, benchmarking, and other cancer program performance reports. Data from the NCDB must be used as the basis of the reports. Focus is given to areas of concern or where expected performance is not being met. Reports must be given by the CLP or the CLP’s alternate.

Measure of Compliance

The cancer program fulfills all the compliance criteria:

- The CLP or the CLP’s alternate identifies, analyzes, and presents NCDB data specific to the cancer program, with preference for areas of concern and/or where benchmarks are not met, to the cancer committee at a minimum of two meetings each calendar year.
- The CLP is present during the CoC site visit and meets with the site visit reviewer to discuss CLP activities and responsibilities.

Additional Responsibilities:

- The CLP reports on CoC activities, initiatives, and priorities to the cancer committee.
• The CLP serves as liaison between the cancer program and the American Cancer Society.
  - The American Cancer Society staff can provide accredited programs with additional information on the resources that support specific Standards.
Role with American College of Surgeons Chapter

State Chairs hold a variety of responsibilities, but one of the most important is to collaborate with local groups including ACS chapters. State Chairs must:

- Serve as an ex officio member of the ACS Chapter Council (via their bylaws, chapters may determine if State Chairs have voting rights).
- Annually, CoC State Chairs are expected to provide a written or verbal report on CoC activities to their chapter.
- Support an annual cancer research paper competition.

The ACS Chapter Council is responsible for selecting the individual to be appointed by the CoC to the role of State Chair. State Chairs are appointed to a three-year term and can serve an additional term based on evaluation of their performance.

Upon expiration of his/her term, State Chairs are expected to recommend a replacement and assist in ensuring a smooth transition of the incoming State Chair. If a State Chair is unresponsive or inactive in several areas, he/she can be asked to step down from his/her position at any time.
American Cancer Society Partnership

Overview

The partnership between the American College of Surgeons Commission on Cancer (CoC) and the American Cancer Society dates to 1913, when an overlapping group of physicians founded both organizations. Over the years, collaboration between the CoC and the American Cancer Society have evolved from a national level to state and community partnerships through the network of State Chairs, Cancer Liaison Physicians (CLPs), and accredited cancer programs. The CoC and the American Cancer Society are in a unique position to achieve a common goal: to improve access to high quality cancer care for patients with cancer.

American Cancer Society

The American Cancer Society’s Headquarters is in Atlanta, GA, with six affiliate regions nationwide. CoC State Chairs are expected to be highly involved and in contact with their respective American Cancer Society regional staff.

Examples of State Chair involvement with the American Cancer Society include, but are not limited to the following:

- Serving in a regional leadership capacity
- Advocating for cancer legislative issues (in partnership with the American Cancer Society Cancer Action Network (ACS CAN))
• Serving as a media/medical spokesperson
• Analyzing region/statewide data
• Participating in special projects and local events
• Participating on national workgroups and roundtables.

Fostering a Partnership with the American Cancer Society

State Chairs lead and direct the relationship between the CLPs and the local Society staff. State Chairs should meet with their respective Society regional staff to define a set of objectives that will guide the relationship and activities of the CLPs and Society field staff in their state. Suggestions for partnership include but are not limited to:

• Participate in meetings with Society staff to discuss national and state priorities, along with upcoming activities
• Determine how you can leverage CoC accredited programs and CLPs in your state or region to move shared priorities forward
• Ask Society to co-sponsor a CLP meeting (in-person or virtual)
• Ask Society region staff to present new programs and activities at your annual CLP meeting
• Send a joint email/letter with Society region staff to CLPs encouraging collaborative work with local Society staff and in implementing initiatives at the facility and within the community.

Who Supports the State Chairs?

Designated region relationship managers are assigned to work directly with the State Chairs. They meet with the State Chairs and communicate regularly with them to guide and direct the activities of the local Society staff and their CLPs.
American Cancer Society Relationship with the Cancer Liaison Physician

The CLP facilitates the cancer program’s relationship with the American Cancer Society and acts as a door opener to other relationships within the hospital system. CLPs are responsible for promoting Society staff participation in cancer committee meetings. CLPs and local Society staff are encouraged to develop collaborative relationships where deemed mutually beneficial. Society staff may also engage with others in the cancer program or health care system to collaborate on initiatives outside of the cancer center (e.g., screenings, early detection activities).

Examples of CLP involvement with the American Cancer Society include but are not limited to the following:

- Facilitating community outreach activities (e.g., education and screening)
- Promoting ways to connect patients to Society resources
- Serving on a local Society committee(s)
- Serving as a medical spokesperson
- Promoting the National Cancer Information Center (NCIC)
- Advocating for cancer legislative issues (in partnership with ACS CAN).

American Cancer Society Participation in the Cancer Committee

CLPs are encouraged to invite Society staff to participate on the cancer committee to present/discuss opportunities for collaboration on cancer control projects and connect Society staff to hospital staff as needed. Society staff should provide the cancer program with information about its services, programs and events. It is not required to allow Society staff participation in cancer committees, but it is encouraged. American Cancer Society staff is expected to uphold the confidentiality of the cancer committee according to hospital policy.

Society staff are encouraged to develop individual relationships with key cancer program and health care system staff, as determined by the collaboration.

As State Chair, it is important to encourage your CLPs to work with the Society as a partner and encourage collaboration at the local level.
Role with Comprehensive Cancer Control Coalition

What is CCC

Comprehensive Cancer Control (CCC) is a collaborative process through which a community pools resources to reduce the burden of cancer; resulting in reduced cancer risk, earlier detection of cancer, better treatment and improved quality of life.

The promise of CCC is:

- Coordination across silos – funding streams, public health and care delivery
- Less duplication of effort
- Comprehensive approach to cancer control – from prevention to end of life
- Focus on evidence-based interventions
- Multisector partnership approach
State Cancer Control Plans

Every state has a cancer control plan. State cancer plans summarize the cancer burden in the state and identify goals, objectives and strategies to address the entire cancer continuum. Goals and measurable objectives guide the selection of evidence-based interventions that will work best in a state’s communities and populations. Plans are typically updated every 5 years. Click here to download and review your state’s plan.

CCC Coalitions

Comprehensive cancer control (CCC) coalitions have been established in each state to bring together cancer control stakeholders. CCC coalitions represent an engine of change in the U.S. for cancer issues. These coalitions develop, implement and evaluate state cancer plans and initiatives for the communities where they live and work. Across the nation, thousands of organizations and individuals are involved in CCC coalitions. Learn more about their accomplishments here.

CCC National Stakeholders

Similar to a state coalition, there is a CCC National Partnership. The National Partnership consists of 19 leading national cancer organizations that come together to utilize their combined strengths and resources to support and advance the work of CCC coalitions. The American College of Surgeons Commission on Cancer is an active member of the National Partnership. Learn more about the National Partnership here.

ACS CoC State Chair and CCC Coalitions

Benefits

Many past and current State Chairs have been a member of their state’s coalition and have shared several benefits of being involved in a CCC coalition, including:

- Exposure to a larger view and understanding of the state’s cancer burden as well as cancer control efforts in the state
- Opportunity to develop new or stronger relationships with cancer stakeholders (individuals and organizations) throughout the state
• Involvement on a policy level on cancer-related issues, such as pain/palliative care, tobacco and tanning bed policies

• Opportunity to serve as a liaison between the CCC coalition and the state CLPs to communicate to CLP’s current cancer control efforts in the state, how to get involved in local activities, opportunities to advocate for state and local policies, and needs and gaps in services throughout the state.

**State Chair Roles**

As a State Chair your involvement in your state’s CCC coalition can happen in many diverse ways that best meets your interests, needs and availability. Examples of State Chair roles in a CCC coalition include:

• Serve in a medical advisory role to the state cancer coalition

• Involved in a state cancer coalition workgroup, such as a cancer care, survivorship or cancer specific workgroup, like a lung cancer screening workgroup

• Serve as the state cancer coalition chair

• Member of the leadership team of the state cancer coalition

• Expert presenter to the coalition on clinical perspectives of the cancer burden in the state

**How to Get Connected to Your State CCC Coalition**

There are two ways to take the first step to get connected to your state’s CCC coalition. Contact your state’s:

1. American Cancer Society Cancer Control Staff

• The American Cancer Society is an important partner in each state CCC coalition. By contacting them, they can tell you about current coalition activities, upcoming meetings, suggest ways to get involved and connect you with the appropriate leadership in the coalition.

2. State Health Department CCC Program Director
• Each state health department receives a grant from the Centers for Disease Control and Prevention to convene a state cancer coalition and create and implement a state cancer plan. The program director is a good entry point into the coalition and will be able to provide you with information about getting involved in the coalition.

These contacts are located in the CoC Datalinks under the CoC State Chair Access menu.
Advocacy Engagement

Summary

To support the CoC’s advocacy initiatives, State Chairs are encouraged to assist in supporting and advancing cancer-related legislation in their states. This includes disseminating key public policy initiatives, set by the CoC Advocacy Committee, to in state partners and stakeholders. State Chairs may also share active cancer public policy discussions and activities with the CoC Advocacy Committee for evaluation and consideration for inclusion on the CoC’s legislative agenda. Additionally, State Chairs will be expected to engage in grassroots and stakeholder activities to support public policy initiatives of the American College of Surgeons Chapter Council and in collaboration with the advocacy efforts of state American Cancer Society Cancer Action Network (ACS CAN), state cancer control committees and programs, as well as other CoC member organizations.

Goals

Through active engagement of State Chairs, the CoC will be able to utilize the grassroots strength of the organizational structure and CoC membership to influence and increase support for cancer related public policy at the state and federal levels.

The CoC Advocacy Committee will attain a better understanding of cancer public policy trends and discussion occurring at the state level to develop national priorities that can be employed in other states or in Congress.
The CoC will leverage the existing structure for grassroots activation in support of calls to action at the state and federal level as well as in district meetings and engagement with elected officials in support of CoC legislative priorities.

CoC State Chair Advocacy Tasks

- Identify pending or active cancer related state legislation from leading state sources such as the ACS CAN, local news, relationships with key health policy leaders and elected officials, other state cancer stakeholders.
- Build working relationships with ACS CAN representatives and staff and other leading cancer public policy organizations in the state.
- Report on pending and active cancer related state legislation to the CoC Advocacy Committee, state CLP network, and ACS State Chapter Council.
- Report on requests from partner organizations to engage on legislation via action alerts, signing onto letters, coalition partnership opportunities, or other requests for CoC Advocacy Committee evaluation.
- Share CoC legislative priorities and CoC/ACS calls for action with state CLP network and state stakeholder partners.
- Respond to CoC and ACS requests for advocacy action such as email action alerts, analysis of legislative issues, signing letters, attending meetings with elected officials and staff or testifying in a public hearing.
- Coordinate with CoC Advocacy Committee and ACS Chapter on planning and execution of advocacy strategy.
CoC State Chair Advocacy Engagement with Key CoC Partners

American College of Surgeons

As a member of the ACS State Chapter Council, CoC State Chairs will collaborate with ACS members and staff to identify and engage on cancer specific issues in their state and share information on cancer related legislation and activities. ACS staff can prepare support materials and information including letters, grassroots action and issue specific toolkits to engage the Chapter and at-large membership in the state. ACS staff interacts with staff from other cancer related physician and patient national organizations for resources on state legislation to employ in a state. Additionally, ACS staff supports the CoC Advocacy Committee to develop the CoC’s legislative policy positions. The ACS does not employ fulltime staff in each state and relies on the CoC State Chapter membership as the lead representatives with state policymakers.

American Cancer Society Cancer Action Network

The American Cancer Society Cancer Action Network (ACS CAN) has dedicated advocacy staff resources in nearly every state in addition to access to staff and resources with the other divisions within the American Cancer Society. CoC State Chairs should utilize ACS CAN resources for identifying active and priority cancer related legislative activities taking place within their state. The ACS CAN focuses on setting priority public policy issues and may, at times, focus only on those specific issues while the CoC will want to engage on additional ongoing cancer related legislation. To find the ACS CAN staff in your state visit, https://www.fightcancer.org/.

Advocacy Resources

American College of Surgeons State Legislative Toolkits and Resources, 
https://www.facs.org/advocacy/state/resources

Legislation Tracked by the ACS State Affairs Staff

https://www.facs.org/advocacy/state/legislation

ACS State Chapter Resources and Contacts
https://www.facs.org/member-services/chapters

American Cancer Society “How Do You Measure Up?” State Reports

https://www.fightcancer.org/how-do-you-measure-up

**Contact:**

For questions, requests for further information, or assistance with advocacy initiatives regarding cancer related legislation, contact Christopher Johnson, State Affairs Associate at (202) 672-1502 or at CJohnson@facs.org
CoC Advocacy Legislative Priority Development Process

Purpose

To establish a formalized process for the CoC Advocacy Committee to review member organizations’ state and federal legislative priorities throughout the year.

Legislative Agenda and Review Process

- The CoC Advocacy Committee will issue an annual call for members to share their state and federal legislative priorities for the forthcoming year. As priorities shift throughout the year, decisions for legislative support will be made on a case by case basis.

- The Committee, in consultation with CoC/ACS staff, will review submitted legislation and make recommendations to the CoC to support, not support, or “monitor” legislative issues. ACS staff will consider recommendations based on historical support for similar legislative issues, the positions of the CoC’s patient and physician organization members, and other criteria.

- The CoC Advocacy Committee will vote on a final priority legislative agenda and/or bills. For federal legislation approved by the Committee, ACS staff will submit a proposal with recommendation to the ACS Legislative Affairs Committee, whose members will review and approve. Depending on the issue, ACS leadership may need to review and make a final decision before a bill can be considered supported by the ACS CoC. Letters of support or other actions will be submitted with the CoC logo and ACS Cancer Programs logo. Final bills and agenda items will be disseminated to the CoC membership and CoC State Chairs to share with ACS Chapter, state partners and others.

Other Legislative Requests

CoC members may request support for new legislative issues as they arise throughout the year. The CoC Advocacy Committee will review each request as they are presented and vote accordingly to support and take action as requested.

The Committee will share decisions to support new issues with the CoC membership and CoC State Chairs.
Data Tools and Resources

What Is the National Cancer Database?

The National Cancer Database (NCDB) is a nationwide, facility-based, oncology database that currently captures 72 percent of all newly diagnosed cancer cases in the United States annually, holds information on over 34 million cases of cancer diagnoses reported since 1985, and continues to grow. Operations of the NCDB are jointly supported by the Commission on Cancer (CoC) and the American Cancer Society.

The NCDB maintains a number of web-based data applications to promote access to NCDB data. These tools can be used by CoC-accredited cancer programs to evaluate and compare the cancer care delivered to patients diagnosed and/or treated at their facility with the care provided at state, regional, and national cancer facilities.

More information on the NCDB can be found here.

Public Access to Cancer Data

The NCDB maintains a number of web-based benchmarking applications that have been developed to promote access to NCDB data by the general public, researchers, and clinicians. The NCDB Public Benchmark Reports include the 14 most commonly diagnosed solid tumors in the United States. Users are provided access to data from six diagnosis years (2003–2014), slightly more than 9 million cases.
Users can design queries using data from any one or a combination of three types of hospitals (community, comprehensive community, and academic/teaching facilities) and specify a geographic region or state to narrow the scope of their analysis. As many as three co-variates (including patient age, ethnicity, sex, tumor histology, stage, first course therapy, and type of surgical resection) are available for users to define the type of information they wish to review.

- Navigation Guide for Public NCDB Benchmark Reports
- Cancer Cases Reported to the NCDB by Tumor Type and AJCC Stage
- Access Public NCDB Benchmark Reports

**Participant User Files**

The NCDB Participant User Files (PUF) are Health Insurance Portability and Accountability Act (HIPAA)-compliant data file containing cases submitted to the CoC’s NCDB. The PUF contains de-identified patient level data that does not identify hospitals, health care providers, or patients as agreed to in the Business Associate Agreement that each CoC-accredited program has signed with the ACS. The PUFs are designed to provide investigators associated with CoC-accredited cancer programs with a data resource they can use to review and advance the quality of care delivered to cancer patients through analyses of cases reported to the NCDB. NCDB PUFs are only available to investigators associated with CoC-accredited cancer programs.

**Other Data Sources**

**National Cancer Institute’s State Cancer Profiles**

Interactive graphics and maps provide quick and easy access to cancer statistics at the national, state and county level. Statistics are displayed by geographic region, race/ethnicity, cancer site, age, and sex. Statistics: Incidence and mortality by geographic region.

**National Cancer Institute’s Surveillance, Epidemiology, and End Results (SEER) Program**

SEER provides a collection of printable statistical summaries for a number of common cancer types or through Fast Stats. You can also build tables, charts, and graphs of cancer statistics for all major cancer sites by age, sex, race, and geographic area. Statistics: Incidence, mortality, survival and stage, prevalence, and the probability of developing or dying from cancer.
Cancer Control PLANET

Cancer Control PLANET is a public-private effort among the National Cancer Institute (NCI), the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration, and the American Cancer Society. It contains Web-based tools for health educators and health practitioners. The PLANET (Plan, Link, Act, Network with Evidence-based Tools) portal brings together new evidence-based tools that can help communities to better understand and address their cancer burden.

Cancer Mortality Maps


American Cancer Society Statistics

The American Cancer Society projects the numbers of new cancer cases and deaths expected each year in order to estimate the contemporary cancer burden, because cancer incidence and mortality data lag three to four years behind the current year. In addition, the regularly updated Facts & Figures publications present the most current trends in cancer occurrence and survival, as well as information on symptoms, prevention, early detection, and treatment.

CDC National Program of Cancer Registries

Data collected by local cancer registries enable public health professionals to understand and address the cancer burden more effectively. The CDC provides support for states and territories to maintain registries that provide high-quality data.

Additional sources:

U.S. Cancer Statistics: An Interactive Atlas (CDC)

North American Association of Central Cancer Registries (NAACCR) Data Products

National Center for Health Statistics (NCHS) Cancer Fastats
World Health Organization Cancer Databases (CANCERMondial)