

Dear Cancer Liaison Physicians:

I hope you had an opportunity to attend the Commission on Cancer (CoC) CLP meeting on April 13, 2022. If you weren't able to attend, we urge you to view the recording and slides, which will be posted shortly on the [ACS Cancer Programs website](#). I hope you'll find this meeting summary and the additional CoC updates to be useful in your role as the CLP for your cancer program.

### **Cancer Liaison Physician (CLP) Meeting**

CoC Chair **Timothy Mullett, MD, MBA, FACS**, welcomed CLPs to the first meeting of 2022, and reminded them of a few upcoming meetings that they should consider attending

- ACS Cancer Accreditation Programs: Continually Advancing Quality Cancer Care: Virtual content will be available to all registrants after July 5, 2022
  - <https://www.facs.org/quality-programs/cancer/events/2022-conference>
- ACS Quality and Safety Conference: July 15-18, 2022 in Chicago, IL
  - <https://www.facs.org/quality-programs/quality-safety-conference>

Dr. Mullett discussed the [Just ASK Quality Improvement Project and Clinical Study](#). This elective quality improvement project is focused on strengthening evidence-based care across participating programs by leveraging existing resources to address smoking by ASKing all newly diagnosed cancer patients about their smoking status. The goal of this PDSA is to increase and improve the integration of smoking assessment as a standard of care. **Programs interested in participating needed to complete the REDCap questionnaire by April 15.** Questions can be sent to [acscancerprograms@facs.org](mailto:acscancerprograms@facs.org).

Dr. Mullett also provided an update regarding the [new CoC Quality Measures](#):

- Gastric measure (GCTRT): Neoadjuvant chemotherapy and/or chemo-radiation is administered within 120 days preoperatively for patients with AJCC cT2+ or cN1+, cM0 for gastric carcinoma; or (cT2 and poor differentiation) or cT3+ or cN1+, cM0 for esophageal or gastroesophageal junction carcinoma; age 18–79
- Rectum measure (RCRM): Circumferential margin is greater than one mm from the tumor to the inked, non-serosalized resection margin for rectal resections
- Head and Neck measure (HadjRT): Time to initiation of postoperative radiation therapy less than six weeks for patients with surgically managed head and neck squamous cell carcinoma
- Melanoma measure (MadjRx): Melanoma adjuvant systemic therapy was administered within six months of surgery or recommended for eligible patients with Stage IIIB-D resected melanoma

The CoC recently hosted the “What’s Ahead for Cancer and Quality Measures” webinar. CoC Quality Integration Committee Chair **Daniel Boffa, MD, FACS**, and CoC Accreditation Committee Chair **James Harris, MD, FACS**, discussed revisions to the CoC quality measures portfolio and reviewed the new measures as well as those that will be phased out. The webinar recording can be accessed at the [ACS Cancer Programs website](#).

**John Williams, MD, FACS**, Chair of the President’ Cancer Panel, presented on the group’s 2022 report to the President, “Closing Gaps in Cancer Screening: Connecting People, Communities, and Systems to Improve Equity and Access.” Dr. Williams discussed how the effective and equitable implementation of existing evidence-based cancer screening modalities and guidelines can reduce the burden of cancer and

accelerate the decline in cancer deaths. He stressed that the engagement of the CoC and its members will be an essential component of meeting the panel's goals:

1. Improve and align communication for cancer screening
2. Facilitate equitable access
3. Rely on all members of the healthcare team to support cancer screening by strengthening workforce collaborations
4. Create effective health IT to make systems work better for providers and patients

The full report and recommendations are available on the Panel's [website](#).

Following Dr. William's presentation, **Sarah Shafir, MPH**, Managing Director, National Partnerships & Innovation, American Cancer Society, and Dr. Mullett presented recommendations from the American Cancer Society National Consortium for Cancer Screening and Care recommendations. The Consortium launched in March 2021 with the aim to quicken the nation's collective response to the COVID-19 pandemic's detrimental impact on cancer screening and care. The group represents a diverse, multi-sector coalition of [28 organizational members](#), including government agencies, leading cancer advocacy organizations, professional societies, research institutions, national roundtables, leading health organizations, and other relevant industry leaders and partners.

To develop the recommendations, the Consortium hosted public forums, informational webcasts, and member summits, and identified key opportunities where partners can catalyze change by accelerating, strengthening, and mobilizing around sensible, but bold, cancer screening and care activities. The report is geared towards clinicians, health systems, public health partners, and advocacy organizations. More information can be found at [consortium.acs4ccc.org](#).

Following the presentation, **Daniel Nelson, DO, FACS** provided an update on the CoC Operative Standards, sharing information on recent publications, webinars, and added resources, including visual abstracts and the [Operative Standards Toolkit](#).

### **CoC Announces New Accreditation Standards for Pediatric Cancer Programs**

The CoC has released new accreditation standards for currently accredited pediatric cancer programs and those interested in pursuing CoC accreditation. In addition, a new, secondary accreditation category offering will be available later this year for currently accredited adult hospitals that treat a large pediatric patient population.

A volunteer workgroup of leading pediatric oncology specialists has been working over the past year to evaluate the current requirements for pediatric cancer programs. The goal was to create a standard definition for a pediatric cancer program along with standards that better address the needs of pediatric cancer patients, are more relevant to freestanding pediatric/children's hospitals, and also can be applied to those CoC-accredited hospitals that treat a large number of pediatric patients in addition to their adult population.

These new standards will better meet the needs of currently accredited pediatric/children's hospitals, lead to increased participation in the CoC accreditation program by freestanding pediatric/children's

hospitals and allow CoC-accredited adult hospitals that treat a large number of pediatric patients the opportunity to pursue a secondary accreditation designation to recognize the quality of care they provide to pediatric patients.

The new [Pediatric Cancer Program category definition](#) is posted on the CoC website, and the new standards are included in the current version of the [Optimal Resources for Cancer Care \(2020 Standards\)](#) manual also accessible from the CoC website. Questions can be directed to [coc@facs.org](mailto:coc@facs.org).

### **Revised CoC Appeal Process for 2022 Site Reviews**

With the implementation of the CoC 2020 standards and the launch of the [Quality Portal \(QPort\)](#), the appeal process has been revised to align with the new processes starting with the 2022 site visits.

Programs appealing one or more standards will be required to complete the [Accreditation Decision Appeal Form](#) located in QPort on the Resources page. The form is to be downloaded, completed, and submitted through email to [CoC@facs.org](mailto:CoC@facs.org) with CoC Appeal in the subject line.

Similar to the previous appeal guidelines:

- No additional documentation will be accepted. Only the completed appeals form is to be submitted.
  - The appeal is to be based on the Pre-Review Questionnaire (PRQ) information and documentation submitted at the time of the site visit.
- Appeals must be **received within 45 days** of receipt of your Accreditation Report to be considered.
- The form should describe how your program met the criteria at the time of your site visit and where supporting documentation is located within the PRQ.
- The appeal will be reviewed with an outcome determined within 45 days or as soon as practical thereafter.

For further assistance, submit questions to [CoC@facs.org](mailto:CoC@facs.org).

### **New CoC Corrective Action Process for QPort**

The process to submit documentation to resolve deficiencies also has been updated for the new [QPort portal](#).

When one or more standards have been rated as non-compliant, a CoC-accredited cancer program has one year to submit documentation that demonstrates compliance to the standard(s). The corrective action due date is displayed as the Accreditation Through Date on the Accreditation Report.

Documentation to submit for corrective action for each standard is provided in the [Corrective Action Documentation](#) document, which is located on the Resources page in QPort. There is also a [Corrective Action Instructions](#) document provided on this page to assist programs in submitting corrective action.

To submit:

- Click on the Pre-Review Questionnaire (PRQ) section in QPort, then click on the PRQ link. The corrective action PRQ will open. Only the standards rated as non-compliant will be available.
- Upload the supporting documents and as needed, enter any comments about the corrective action.
  - Any cancer committee meeting minutes that are required for a standard are to be uploaded to each deficient standard's page as part of the corrective action.
  - **Do not submit any Protected Health Information (PHI), including treatment dates, with the resolution documentation.**
- Click Save at the bottom of each page once all information is entered and uploaded.
- After uploading documentation for the last deficient standard, click **both Save and Submit**, which are located at the bottom of the page.

Corrective action documentation will be reviewed within 30 days of receipt of submission, or as soon as practical thereafter. For further assistance, submit questions to [CoC@facs.org](mailto:CoC@facs.org).

### **CoC Resource: Standards Resource Library**

As a reminder, the CoC [Standards Resource Library](#) (SRL) is available on the CoC Resources page in [QPort](#). The SRL includes documents as well as links to resources that will assist programs with specific CoC standards. The SRL is broken down by chapter and standards. There is also a general section at the end of each chapter that includes a Frequently Asked Questions (FAQ) document for standards within that chapter. Some standards, including Standards 2.4, 4.2, 7.4, and others, include their own FAQ or tip sheet as well. Resource links have recently been added for various standards, include 3.2 Evaluation and Treatment Services, 4.2 Oncology Nursing Credentials, 4.4 Genetic Counseling and Risk Assessment, and 4.8 Survivorship Program. Questions can be sent to [acscancerprograms@facs.org](mailto:acscancerprograms@facs.org).