American College of Surgeons
Commission on Cancer

You will find the following material in this section:
- Commission on Cancer Overview
- CoC Organizational Chart
- ACoS Cancer Programs Organizational Structure
About the Commission on Cancer

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 (ACoS) in 1922, the multidisciplinary 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, and 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 98 individuals who are either surgeons representing the ACoS or representatives from the 47 national, professional organizations or Member Organizations affiliated with the CoC. These individuals direct the activities of the Commission through committee work. These activities are coordinated through the Executive, Accreditation, Cancer Liaison, Education, Member Organization Steering, and Quality Integration Committees, and related subcommittees and workgroups of the CoC.

Currently 47 organizations are represented on the Commission on Cancer (CoC). These organizations include medical specialty societies, government agencies, patient advocacy and support groups, and others involved in the care of the cancer patient. Each organization appoints one representative to serve on the CoC for a three-year term with eligibility to serve a second term. Meetings with CoC Member Organization representatives are held twice a year, and the CoC Member Organization Steering Committee is charged with developing, implementing and evaluating strategies to support enhanced collaborations and communications with CoC member organizations.

CoC Governance
The mission and objectives of the CoC are carried out through its committee structure comprised of the Executive, Accreditation, Cancer Liaison, Education, Member Organization Steering, and Quality Integration Committees, related subcommittees, and workgroups of the CoC.

Executive Committee
The CoC Executive Committee conducts the interim business of the Commission and administers the goals and objectives of the CoC as set forth by its mission statement. The Committee reviews policies, plans activities, makes recommendations regarding membership, considers actions coming before it, and recommends actions to the membership of the CoC.

The Executive Committee is comprised of the Chair and Chair-elect of the CoC, an advisor from the ACoS Board of Regents, the chairs of the five standing committees, and a representative from each of the following organizations: American Cancer Society, American College of Radiology, American Joint Committee on Cancer, American Society of Clinical Oncology, American Society for Radiation Oncology, the College of American Pathologists, Oncology Nursing Society, and the National Comprehensive Cancer Network.

Accreditation Committee
The CoC Accreditation Committee provides direction for the Accreditation Program including implementing and evaluating the Commission’s standards for cancer programs, overseeing and evaluating the survey and review process and survey results, and promoting accredited cancer programs. The committee reviews and acts on recommendations from its three subcommittees. The Program Review Subcommittee is responsible for making accreditation award decisions for programs that do not meet all of the standards; the Field Staff Subcommittee is responsible for the recruitment, training, and evaluation of the cancer program surveyor team, and the Recruitment and Retention Subcommittee is responsible for developing strategies to increase applications by new cancer programs, monitoring program withdrawals, and implementing interventions for program retention.

Committee on Cancer Liaison
The Committee on Cancer Liaison directs the activities of the Cancer Liaison Program, which is comprised of a network of more than 1,600 volunteer Cancer Liaison Physicians (CLPs) who provide local support for the Commission on Cancer's programs and activities. The Committee also directs the activities of the network's 64 volunteer State Chairs responsible for managing state-based cancer activities and their respective groups of Cancer Liaison Physicians. In addition, the Committee oversees the implementation of priorities established by the funding agency, the American Cancer Society.

To learn more about the Cancer Liaison Program and the roles of the State Chair and Cancer Liaison Physician, visit its website at [http://www.facs.org/cancer/coc/clpbrochure.html](http://www.facs.org/cancer/coc/clpbrochure.html).

Education Committee
The Committee on Education directs the activities of the CoC's Education Program by defining and developing programs and products to address the educational needs of the CoC's constituency. As needed, subcommittees may be formed to manage the duties and responsibilities associated with specific educational activities.

Activities under the direction of the committee include the development of the CoC's professional education program for the American College of Surgeons Clinical Congress, selection of the keynote speaker for the CoC Annual Meeting, contributions to the content of the Online Education Center, and workshops to address the educational needs of the CoC's constituents.
To learn more about the educational offerings of the CoC, visit the Online Education Portal at http://eo2.commpartners.com/users/acs/.

**Member Organization Steering Committee**
The Member Organization Steering Committee directs the activities of the member organization representatives, and is responsible for developing, implementing, and evaluating strategies to support enhanced collaborations and communications with CoC member organizations.

**Quality Integration Committee**
The Quality Integration Committee is the central advisory panel that guides and assists in the prioritization of work conducted by the National Cancer Data Base (NCDB). The committee is concerned with and represents the CoC in matters addressing the progress and direction of research and education as it pertains to improving the care of cancer patients. The Quality Integration Committee has two standing subcommittees. The Scientific Review Subcommittee reviews abstracts and manuscripts which use NCDB data before submission of these research reports. The Site-Specific Quality Measures Subcommittee evaluates the clinical impact and feasibility of implementing quality measures for adoption by the CoC.

To learn more about the National Cancer Data Base including the cancer statistics available, quality improvement reporting tools, special studies, and the NCDB's research initiatives, visit the National Cancer Data Base website at http://www.facs.org/cancer/ncdb/index.html.
State Chair 101

You will find the following material in this section:
- State Chair Job Description
- State Chair Checklist – How to Get Started
- State Chair Performance
- State Chair Outstanding Performance Award
American College of Surgeons
Commission on Cancer
State Chair Job Description

State Chairs are volunteer physicians, most often surgeons, who serve as representatives of the Commission on Cancer (CoC) providing leadership and support to the CoC-accredited programs and Cancer Liaison Physicians (CLPs) in their state or region. They are collaborators, innovators, and experts working with cancer programs, cancer professionals, and state coalitions to improve the quality of cancer care. They serve as an important resource for their Cancer Liaison Physicians.

State Chairs have access to statewide data through the National Cancer Data Base (NCDB) quality reporting tools such as the Hospital Comparison Benchmark Reports, the Survival Reports, and the Cancer Program Practice Profile Reports (CP3R).

### Annual State Chair Responsibilities

- Communicate regularly with Cancer Liaison Physicians in the state.
  - Send an update on Commission activities following major meeting(s) attended (State Chair Annual Meetings, CoC Annual Meeting, state-based meetings, and so on).
  - Send an update on other activities occurring in the state (collaborative activities with the American Cancer Society, Chapter activities, other cancer-related organizations, and so on).
  - Hold an annual meeting with CLPs in conjunction with the Annual College Chapter Meeting, an ACS meeting, or medical society meeting that is in a central location in the state; or convene a conference call meeting. Each State Chair can receive up to $750 to support their annual CLP meeting.
  - Personally contact new CLPs to introduce yourself upon receipt of a copy of their appointment letter. Welcome them, provide an orientation, and serve as a resource.

- Support and provide direction for CoC initiatives and activities.
  - Access and use the National Cancer Data Base (NCDB) quality reporting tools. These reports can be used to compare diagnosis and treatment patterns, and monitor the quality of care being delivered in your state. Identify areas for improvement and work with state groups to plan interventions. Tip sheets and extensive overviews of each tool are available on the NCDB website at [http://www.facs.org/cancer/ncdb/qualitytools.html](http://www.facs.org/cancer/ncdb/qualitytools.html).
  - Participation in the NCDB. Ensure your CLPs understand the importance and value of the NCDB as a tool to monitor patient care and improve quality.
• Participate in collaborative activities.
  o Serve as a member of the local American College of Surgeons Chapter Council, attend meetings and report on CoC activities, and host an annual cancer research paper competition. Annually, State Chairs are expected to provide a written or verbal report on CoC activities to their chapter.
  o Participate in and provide leadership for the activities of your American Cancer Society division. Work with the division’s CoC relationship manager to plan your level of involvement. Contact information for Division Relationship Managers is available on the State Chair Information Board at http://www.facs.org/cancer/coc/statechresource.html.
  o Participate and provide leadership to the state cancer plan coalition (optional). Encourage CLP involvement in implementation activities of the state cancer plan. Contact information for the State Comprehensive Cancer Control program is available on the State Chair Information Board.

• Other
  o Serve as a resource to state groups and hospitals to make presentations on behalf of the CoC such as the state cancer registrar association.
  o Attend the May and October State Chair and CoC meetings to gain insight and direction regarding your role.
  o Complete an annual Activity Report for review by the Committee on Cancer Liaison, when requested.
  o Encourage and facilitate CLP participation and support of the CoC’s programs by being a local resource for information and assistance.
  o Attend one accreditation survey in your state during your first term (optional). (Staff will assist in scheduling attendance and travel will be reimbursed.)

Selection Criteria
The individual assuming the responsibility of State Chair must:
• Have served successfully as a Cancer Liaison Physician.
• Have a strong commitment to the goals of the Cancer Liaison Program and the Commission on Cancer.
• Support and participate in collaborative initiatives and activities that take place between the Commission on Cancer and the American Cancer Society (ACS).
• Actively participate and serve as a member of the local chapter council of the American College of Surgeons, annually report on the activities of the CoC, and facilitate activities of the chapter related to cancer.
• Have an interest in state cancer activities including the state cancer plan coalition.

Appointment
The 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 a second term based on evaluation of their performance. The CoC will review data from the annual Activity Reports completed by both the State Chair and ACS staff prior to offering the State Chair a second term. 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.
**Meeting Commitment**
The CoC hosts a State Chair Annual Meeting in conjunction with the CoC Annual Meetings every spring. State Chairs are expected to attend. These meetings provide State Chairs with the opportunity to hear updates on CoC programs and activities, learn from their peers and their activities in other states, and interact with American Cancer Society staff.

The CoC also hosts a fall meeting in conjunction with the Annual American College of Surgeons Clinical Congress. Each year, on the first Sunday and Monday of Clinical Congress, the CoC hosts a State Chair Town Hall Meeting and a Cancer Liaison Physician Breakfast Meeting, respectively. These meetings are an additional opportunity for State Chairs to network with their peers and interact with liaisons in their state.

The CoC counts on the State Chairs to attend meetings of the American Cancer Society division and state cancer plan coalition (optional) and local American College of Surgeons Chapter Council Meetings to disseminate information on the activities of the Commission on Cancer.

**Expenses**
Reimbursement is provided for State Chairs to attend the spring and fall Meetings and additional travel for activities related to state chair involvement (for example, observation of a survey). See section 10 for more details.
State Chair Checklist – How to Get Started

ONE TO THREE MONTHS

- **Skim State Chair resources**
  This State Chair Toolkit provides information to assist you in your role as State Chair. Resources, tools, and templates are included on the State Chair Information Board on the CoC website at [http://www.facs.org/cancer/coc/statechresource.html](http://www.facs.org/cancer/coc/statechresource.html). In addition to reviewing this material, it will be helpful to become familiar with the Commission on Cancer’s (CoC) website at [http://www.facs.org/cancer/index.html](http://www.facs.org/cancer/index.html).

- **Review list of State Chair responsibilities**
  The four main duties include: 1) maintain communication with your CLPs; 2) support CoC initiatives at the state level; 3) collaborate with state groups (for example the local Chapter of the American College of Surgeons, American Cancer Society); 4) use National Cancer Data Base (NCDB) data to monitor and evaluate the state or region’s performance.

- **Skim the Commission on Cancer’s Cancer Program Standards**
  As the state contact for CoC programs and CLPs, it is important that you are familiar with the CoC’s standards and the survey process. You should be knowledgeable about what the CoC expects of its programs and be prepared to answer questions from programs seeking accreditation. An electronic copy of the Cancer Program Standards can be downloaded at [http://www.facs.org/cancer/coc/standards.html](http://www.facs.org/cancer/coc/standards.html).

- **Log on to Datalinks**
  If you are an existing CLP, you already have access to CoC Datalinks. If not, the CoC will send you a user ID and password. You can access CoC Datalinks at [http://www.facs.org/cancer/coc/whatisdatalinks.html](http://www.facs.org/cancer/coc/whatisdatalinks.html). The following reports are available to you on CoC Datalinks:
  - Hospital Benchmark Comparison Reports
  - Survival Reports
  - Cancer Program Practice Profile Reports (CP³R)
  - CLP Activity Reports
  - Aggregate Report on CLP Activity
  - A current list of your CLPs with contact information
  - Email listserv of your CLPs
  - A current list of CLPs serving in non-accredited cancer programs
  - A list of surveys in your state
  - State Chair roster
If you forget your user ID and password, contact the CoC at CLP@facs.org.

- **Write a letter of introduction to your Cancer Liaison Physicians**
  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 in your role as State Chair. Send a note of introduction to your CLPs. See the State Chair Information Board for examples.

**THREE TO SIX MONTHS**

- **Contact the American Cancer Society and State Cancer Plan Coalition staff**
  *(Optional)*
  Review the guidelines of partnership with both the American Cancer Society and state cancer plan coalition, and contact your respective state representatives listed on the State Chair Information Board at [http://www.facs.org/cancer/coc/statechresource.html](http://www.facs.org/cancer/coc/statechresource.html). Participation in the state cancer plan coalition is optional. As State Chair, you should be actively involved with these two groups. Your expertise and leadership as a representative of the CoC can enhance partnership goals with these organizations.

- **Send welcome e-mails to newly appointed Cancer Liaison Physicians**
  When a CLP is newly appointed in your state or region, you will receive an e-mail with their contact information. Send your own personal message to the new CLP to introduce yourself and welcome them to the program. See the State Chair Information Board for examples.

**SIX TO NINE MONTHS**

- **Utilize the National Cancer Data Base (NCDB)**
  As State Chair, you should become familiar with the resources available to you, including public and private access to the NCDB. Share public-use NCDB data with the American Cancer Society and other state groups to study patterns of care and identify areas for improvement.

- **Begin to think about hosting a meeting and/or conference call with your Cancer Liaison Physicians**
  Find out when your local American College of Surgeons Chapter Annual Meeting is scheduled. Plan to host a breakfast or lunch meeting during this time, or explore other meetings where hosting CLPs would be appropriate. Invite ACS staff to participate. In lieu of an in-person meeting, a conference call, webinar or other event may be held.

- **Present to state groups on behalf of the CoC**
  As the CoC State Chair, you are likely to be asked to present at state meetings. These may include American Cancer Society meetings, state cancer plan coalition, facility cancer conferences, and meetings of the state cancer registrars. Please complete a Presentation Request form located on the State Chair Information Board if you need assistance in preparing a presentation. A two-week turnaround time is requested.
WITHIN FIRST YEAR

- Identify programs for recruitment into the Accreditation Program
  State Chairs are asked to assist the CoC in identifying programs interested in seeking CoC accreditation and referring them to CoC staff. A list of CLPs serving in non-accredited cancer programs is located on CoC Datalinks. You may want to contact those CLPs to determine their status in seeking CoC accreditation.

- Send two e-mail communications to your Cancer Liaison Physicians
  State Chairs are expected to communicate and update their Cancer Liaison Physicians on CoC activities on a regular basis. State Chairs should communicate with their CLPs at least twice a year to update them on topics presented at recent CoC meetings, ACS and state cancer plan coalition activities, new CoC initiatives, tips learned, and success stories involving CLP activity in the state. See State Chair Information Board for examples.

- Give a written or verbal report at your Annual College Chapter Meeting
  As State Chair and the CoC representative on your local American College of Surgeons Chapter Council, you are expected to give a written or verbal report each year. Annual reports should include your activities as State Chair, updates on CoC programs in your state, and CoC accomplishments in the past year. See State Chair Information Board for examples.

- Evaluate your CLPs’ activity
  Each year, State Chairs should assess their CLPs’ activity and identify areas for growth and development. Review your CLPs’ Activity Reports available through CoC Datalinks after the Annual Update period (ending on September 30) (optional). Contact those CLPs who are unsatisfied with their role or unclear about their expectations.

- Define a set of objectives with the ACS that guides your CLPs’ relationship with ACS field staff
  Review the guidebook American Cancer Society Partnership with the Commission on Cancer posted on the State Chair Information Board. Find out about the primary priorities and outcomes of your American Cancer Society division. Align your CLPs with an ACS local staff member to promulgate community initiatives and encourage documentation of partnership activities in a Collaborative Action Plan.

- Complete a State Chair Activity Report
  The CoC collects data on State Chair activity at the beginning of each year. These data reflect activity of the State Chairs over the past calendar year and provide an assessment of performance and areas for improvement. It is important that all State Chairs submit an Activity Report electronically upon request.

- 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 offering assistance or congratulatory remarks. Ensure CLPs from your state are recognized if they win an
Outstanding Performance Award and make it a priority to highlight those programs that receive the Outstanding Achievement Award at survey.

WITHIN THREE-YEAR TERM

☐ Observe a CoC Survey at a facility other than your own (optional)
In order to fully understand the survey process, the CoC recommends that State Chairs observe a survey at an institution other than their own during their 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 is available on CoC Datalinks.

☐ Advocate for CoC inclusion in the state cancer plan (optional)
Include objectives in the plan such as increasing the number of CoC-accredited programs in the state or increasing access and referrals to CoC-accredited programs. For further guidance on your role with the state cancer plan coalition, refer to Section 6 of the State Chair Toolkit.

☐ Integrate CLPs in the implementation of your state cancer plan (optional)
A state cancer plan cannot be successful without the cooperation and support of advocates at the community level. Encourage your CLPs to be involved with activities identified in the plan that they can implement at the local level. Ask them to work with their ACS staff on these implementation activities.
CoC State Chair Performance

Overview
It is the Commission’s duty to capture your activity as a State Chair and make adjustments to the support we provide and the materials we make available to you. CoC staff and the Committee on Cancer Liaison collectively review annual data you provide in the State Chair Activity Report to evaluate your performance, prioritize activities for the upcoming year, and research the need for additional tools and resources to support your position.

State Chair Activity Report
State Chairs are required to complete the State Chair Activity Report each year or as requested by the CoC. While many of the questions provide answers to choose from, some of the items are open-ended and State Chairs are expected to fill these out thoroughly. Data collected from the State Chair Activity Report will be used in the following manner:

- Determine nominees for the State Chair Outstanding Performance Awards.
- Identify State Chairs who need additional motivation and assistance to increase their participation.
- Determine eligibility to serve a second term upon expiration of the State Chair’s first term.
- Identify difficulties and challenges in partnership with the ACS at the division/state level.
- Summarize activities of the State Chair network and present findings at the Annual Meeting.

See a copy of the State Chair Activity Report on the State Chair Information Board.

American Cancer Society State Chair Activity Report
The CoC has developed a questionnaire for American Cancer Society staff to complete to evaluate State Chair activity with the division and/or state. This survey is cross-referenced with the Activity Report completed by the State Chair to determine issues in the partnership, seek opportunities for collaboration, and identify best practices. This data will also be used to nominate candidates for the State Chair Outstanding Performance Award around partnership with the American Cancer Society.

See a copy of the ACS-State Chair Activity Report on the State Chair Information Board.
State Chair Outstanding Performance Award

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

Review Process
CoC staff compiles a list of eligible State Chairs based on data from the State Chair and ACS Activity Reports and data collected throughout the year. Decisions are based on activity from the previous calendar year. Each May, the Committee on Cancer Liaison reviews State Chair nominations and selects the awardees. Up to three State Chairs can receive the Outstanding Performance Award every year.

Presentation
Award recipients are presented with a plaque and recognized at the Cancer Liaison Physician Breakfast Meeting in October.

Criteria
The following criteria are considered when choosing eligible candidates for the award:

- Consistent and innovative communication methods used for maintaining relationships with the Cancer Liaison Physician.
  - Provides leadership and support for the activity of CLPs at the facility and community level through phone, face-to-face meetings and e-mail.
  - Personally contacts newly appointed CLPs to introduce oneself and offers support and assistance when and if needed.
  - Communicates with the state CLPs on a regular basis by phone, newsletter or e-mail.
  - Updates CLPs on CoC activity, major meetings, and state cancer plan activity.
  - Plans and hosts a meeting or conference call.

- Support and initiation of CoC activities at the state/regional level.
  - Serves as the key point of contact for CoC activities at the state level.
  - Utilizes and shares National Cancer Data Base (NCDB) data and benchmark reports to serve as a guide to cancer control and improvement of cancer care at the state level and encourages CLPs’ use of NCDB data.
  - Evaluates CLP Activity Reports (optional) and provides assistance when needed.
  - Presents on CoC topics.
  - Observes and participates in one CoC survey during a three year term (optional).
  - Identifies cancer programs in the state for recruitment into the CoC accreditation program.
• Collaborative activities with the ACoS Chapter, American Cancer Society (ACS), and/or state cancer plan coalition.
  o Serves as a member of the local American College of Surgeons Chapter Council, attends meetings and reports on CoC activities (either verbal or written) and hosts an annual cancer research paper competition.
  o Participates and provides leadership to the activities of the local ACS division.
  o Is involved with ACS at a higher level such as serving as a division board member, committee member, participant in specials projects, partner in strategic planning and/or in development of division outcomes, speaker, partner in legislative activities, and so on.
  o Works with ACS to match state/regional CLPs with ACS field staff and defining a clear set of objectives and goals for them.
  o Participates and provides leadership to the state cancer plan coalition in assisting in the development and/or implementation of the state’s cancer plan (optional).
Strategies for Relationship Building with Cancer Liaison Physicians

You will find the following material in this section:
- Cancer Liaison Physician Role
  - Cancer Liaison Physician Responsibilities
  - CLP Checklist - How to Get Started
  - CLP Awards Program
- Evaluating CLP Activity
  - Evaluation Process and Feedback Report
  - Accessing CLP Activity Reports (optional)
Cancer Liaison Physician Responsibilities

The Cancer Liaison Physician (CLP) serves in a leadership role within the cancer program and is responsible for evaluating, interpreting, and reporting the program’s performance using National Cancer Data Base (NCDB) data to the cancer committee at least four times annually.

Major Responsibilities of the CLP
The primary responsibility of the CLP is to evaluate, interpret, and report the program’s performance using NCDB data and to use the information to evaluate and improve the quality of care their facility provides as outlined in Standard 4.3 of the CoC Cancer Program Standards 2012.

The CLP reports and discusses the facility’s performance and response related to the accountability and quality improvement measures, and other facility-related data, with the cancer committee at least four times per year. A quality-related audit will be initiated for any metric(s) that fall below required levels of compliance. Resources for quarterly reports include Cancer Program Practice Profile Reports (CP³R), the NCDB Hospital Comparison Benchmark Reports, and NCDB Survival Reports. These tools can be accessed at http://www.facs.org/cancer/ncdb/qualitytools.html.

Discussions related to facility performance are documented in the cancer committee minutes.

Secondary responsibilities of the CLP are:
- To report on CoC activities, initiatives, and priorities to the cancer committee.
- To serve as liaison for the cancer program with the American Cancer Society (ACS) and support referrals to ACS services and resources through a formal action plan between the facility and ACS.
- To be present during the CoC survey and meet with the surveyor. (Under unusual circumstances that have been communicated to the surveyor in advance, a designee for the CLP at the time of survey is acceptable.)

Educational Requirements
An on-demand educational webinar series consisting of five brief programs has been developed to facilitate the CLP’s role in quality assessment and improvement using the NCDB tools. The webinar topics are as follows:
1. Orientation to the Cancer Liaison Physician Role: Focus on Improving the Quality of Cancer Care (13 minutes)
2. Becoming an American Cancer Society Liaison (8 minutes)
3. How to Navigate the National Cancer Data Base Tools: A Primer (12 minutes)
4. Putting the National Cancer Data Base Tools to Work (17 minutes)
5. Analyzing and Reporting Your Cancer Program’s Quality Data (11 minutes)

A separate portal has been developed for CLPs to access the webinars and the CoC will track participation. CME is available for these programs. Instructions for accessing the webinar series are posted on the Cancer Liaison Physician Information Board at http://www.facs.org/cancer/coc/physresource.html.

CLPs are encouraged to view all of the webinars at their earliest convenience in order to be fully prepared to assume the new role beginning January 1, 2012.
Cancer Liaison Physician Checklist – How to Get Started

ONE-THREE MONTHS


☐ Read monthly CoC Flash newsletters.

☐ Make personal contact with the local ACS field staff and schedule an initial meeting.

☐ Introduce yourself to your CoC State Chair.

THREE-SIX MONTHS

☐ Meet with your cancer registrar to learn about registry operations and the National Cancer Data Base reporting tools.

☐ Secure a regular slot on the cancer committee agenda to present data and provide CoC updates.

☐ Complete the CLP educational series on the CoC Online Education Portal.

☐ Access and review your National Cancer Data Base (NCDB) Cancer Program Practice Profile Reports (CP³R) and work with the cancer registrar to prepare a brief presentation for the cancer committee.

☐ Access and review your facility’s NCDB Hospital Comparison Benchmark Reports and Survival Reports and compare data to other hospitals in your category, state, ACS region and/or nationally, and work with the cancer registrar to prepare a brief presentation for the cancer committee on relevant data points.

SIX-NINE MONTHS

☐ Invite local American Cancer Society staff to cancer committee meetings.

☐ Establish a schedule of regular meetings with your ACS representative.

☐ Work with the ACS representative to develop a Collaborative Action Plan.

WITHIN FIRST YEAR

☐ Attend annual meeting (in-person or conference call) held by your State Chair.
☐ Complete CLP Activity Report in preparation for survey or during the Annual Update period (July 1 – Sept 30).
☐ Help obtain/maintain CoC accreditation and monitor compliance with standards.

WITHIN SECOND YEAR...................................................................................................................
☐ Increase your leadership role on the cancer committee – serve as chair or a coordinator.

WITHIN THREE-YEAR TERM...........................................................................................................
☐ Attend an Annual CLP Breakfast Meeting in conjunction with the American College of Surgeons Clinical Congress in October.
☐ Assist in preparation for and attend your CoC cancer program survey.
Cancer Liaison Physician Awards Program

The Outstanding Performance Award is given annually to Cancer Liaison Physicians (CLPs) who go above and beyond the scope of their normal duties.

The Cancer Liaison Physician Outstanding Performance Award recognizes individuals who have demonstrated excellence in the following area(s):
- Improving the quality of care delivered at a Commission on Cancer-accredited facility.
- Contributing to the accreditation status of the cancer program.
- Exceeding CLP expectations to strengthen the cancer program.
- Demonstrating cancer control leadership in the community.
- Serving as a champion and role model for other members of the cancer program team.

Eligibility
1. A Cancer Liaison Physician shall be eligible to receive one award during each three-year term.
2. Cancer Liaison Physicians who also serve as a State Chair, or who are members of the Committee on Cancer Liaison, are ineligible to receive an award.
3. Cancer Liaison Physicians are eligible for the award based on the Cancer Liaison Physician feedback report. This report is shared with the State Chair annually.

Award Nominations
Each year, the Committee on Cancer Liaison will request Commission on Cancer (CoC) staff to compile a list of eligible CLPs based on the previous year’s feedback report. Criteria to be reviewed are:
2. Completion of the CLP educational series (required for that year).
3. Completion of the CLP Activity Report (annually).
4. Attendance at the survey (every three years).

Confirmation of the list of eligible candidates will be requested from the following groups and individuals:
- Cancer committees of CoC-accredited programs
- State Chairs
- American Cancer Society field staff
Final Approval
Ratification of the nominated award recipients shall occur at the Annual Meeting of the Committee on Cancer Liaison. At that time, related comments and information that may impact the decision to grant the award will be considered.

Recognition
Award recipients will be recognized at the Annual CLP Breakfast Meeting of the Annual American College of Surgeons Clinical Congress.
Evaluation Process and Feedback Report

The CLP will be evaluated annually on four activities:
1. Compliance with Standard 4.3 of the CoC Cancer Program Standards 2012
2. Completion of the CLP webinar series, including accessing and viewing new content that may be added on an annual basis
3. Completion of the CLP Activity Report contained in the CoC Survey Application Record (SAR) during the annual update period of July 1 – September 30
4. Attendance at their facility’s survey

Each year the State Chair will be provided with a Feedback Report that will list their CLPs’ activities throughout the previous year. This information will be compiled from the CLP Activity Reports, the Survey Application Record, and the CLP Education Portal.
Accessing CLP Activity Reports (Optional)

As part of the CoC-accredited cancer programs Survey Application Record (SAR), Cancer Liaison Physicians (CLPs) complete a CLP Activity Report annually and prior to an on-site Commission on Cancer (CoC) Survey. This questionnaire is an evaluation tool that assists the CoC and State Chairs in monitoring performance and identifying areas where adjustments to the CLP role and responsibilities are needed. Expectations are that the CLPs complete their CLP Activity Report every year during the Annual Update Period (July–September), and when the facility is due for survey.

As the State Chair and CoC leader in your state or region, it is important to ensure that your Cancer Liaison Physicians (CLPs) are meeting expectations set before them. You have access to your CLPs’ Activity Reports so that you can provide more one-on-one support.

Review of the CLP Activity Report is optional. Your list of CLP Activity Reports can be viewed through CoC Datalinks at https://web.facs.org/datalinks/ncic_login.cfm using the user ID and password you were provided via e-mail upon appointment. If you do not have or forgot your password, please e-mail CoCDatalinks@facs.org and request the information.

A copy of the CLP Activity Report is on the State Chair Information Board.
American College of Surgeons Chapter Involvement

You will find the following material in this section:

- State Chair’s Role with the Chapter
- CoC Physician-in-Training Cancer Research Paper Competition
State Chair’s Role with their Chapter of the American College of Surgeons

Within each American College of Surgeons (ACoS) chapter, the function of the Commission on Cancer (CoC) State Chair is to convey the CoC’s initiatives as integral to the activity of the chapter and of its members. In order to establish and maintain the lines of communication from the CoC to the chapter, it is important for the State Chair to engage in the following activities related to the Chapter:

- Serve as Chair of the Chapter Cancer Committee and/or be recognized by the chapter as the official CoC representative
- Serve as an ex-officio member of the Chapter Council (with or without voting privileges, depending on the chapter’s bylaws)
- Submit a written and/or verbal report for Council meetings and verbally report on activities to the chapter at the Annual Meeting to the full membership
- Facilitate a cancer paper competition and/or identify and contribute an oncology-specific presentation at the Annual Chapter Meeting program

Chapter Meeting Report

Every chapter has an Annual Meeting, and as State Chair you must complete two activities:

1. Determine whether or not you wish to hold a CLP meeting in conjunction with the chapter’s Annual Meeting (see “How to Hold a Meeting” on the State Chair Information Board). Keep in mind that your CLPs who are not surgeons (45 percent of the network) will not be attending the Annual ACoS Chapter meeting.
2. Draft either a written or verbal report on the CoC’s previous year’s activities and upcoming projects.

Chapter Council and Annual Meeting Report Components

A chapter report should consist of:

- A list of CoC cancer programs recently accredited or reaccredited
- New Cancer Liaison Physician appointments and reappointments
- CoC activity—for example, present state data on patterns of care and outcomes from the National Cancer Data Base, report on changes to the CoC’s cancer program standards for accreditation, report on new CoC programs or initiatives, and report on involvement in cancer control initiatives taking place within the state (for example, American Cancer Society, and state cancer plan coalition).

See samples of chapter reports on the State Chair Information Board.

Chapter Meeting Schedule

- Review the ACoS chapter website at http://www.facs.org/meetings_events/chapter_meetings/chapmtg.html.
- Your ACoS Chapter will send you a notification of your Annual Chapter Meeting and expectations of your participation (including a report on your activity as CoC State Chair).
• CoC staff will also send you a reminder prior to the date of your annual chapter meeting and ask if assistance is needed to prepare a report.
• Contact information for each chapter is listed at http://web.facs.org/chapter/ACSCheaper_listing.cfm.
Commission on Cancer Physician-in-Training Cancer Research Paper Competition

The Committee on Cancer Liaison announces the 2012 Commission on Cancer (CoC) Physician-in-Training Cancer Research Paper Competition. All CoC State Chairs are requested to facilitate a cancer paper competition within their American College of Surgeons (ACoS) chapter and submit one abstract representing their state chapter for judging at the national level.

Mission of the Commission on Cancer
The Commission on Cancer 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.

Eligibility
Abstracts by residents and fellows in training on topics specific to oncology and related to the mission of the Commission on Cancer will be considered in the national competition. Leading abstracts that have been previously presented at a state, regional or national meeting within 24 months will be considered for judging. Original research is encouraged.

Procedure
1. State Chairs are encouraged to select top abstracts by conducting an ACoS State Chapter Cancer Research Paper Competition in conjunction with their State Chapter Annual Meeting. In circumstances where a State Chapter competition is not possible, State Chairs may define a process to select a top abstract to be endorsed by their State Chapter.
2. Abstracts selected as winners at the ACoS State Chapter level from June 1, 2011 through June 1, 2012 will be advanced to the Commission on Cancer in Chicago no later than June 30, 2012.
3. The State Chair will advance a copy of the winning abstract to the Cancer Liaison Program in Chicago. Please be sure that the principal author’s name, institution, phone, fax, and email appear on the abstract. An abstract template that can be used is available on the State Chair Information Board.
4. A pre-selected panel of judges from the Committee on Cancer Liaison will review the abstracts and select first, second and third place winners.
5. Award announcements will be made by August 1, 2012.
How to Get Started

- Talk with the Chapter Council about its interest in hosting a cancer research paper competition.
- Determine with the Chapter Council the process and procedures for announcing the competition, determining eligibility, reviewing the submissions, selecting the winners, and announcing the awards. In addition, define the scope of the competition (e.g., eligible research topics), and appropriate awards at the Chapter level, and consider providing for the competition winner’s ability to present his or her research at an appropriate Chapter forum.
- Determine any conflict of interest rules and select a panel of judges/abstract reviewers prior to announcing the competition.
- Develop an announcement or “call for papers” outlining the competition process, procedures (e.g., how and where to send submissions, length of submissions, format, etc.), eligibility criteria, eligible topics, judging criteria, timelines and other relevant competition information.
- Develop a plan for, and distribute, the announcements to Chapter members, program directors in surgery, and other appropriate individuals and organizations.
- Research and solicit funding sources within and outside the Chapter to contribute to cash awards and/or plaque or certificate and other competition expenses (if needed). Consider co-branding with your American Cancer Society division, another organization or a large contributor as an incentive.
- Consider news releases to local media outlets or notices to appropriate local professional organizations to announce competition winners.

Judging Criteria

Each abstract will be judged by the Committee on Cancer Liaison based upon originality, scientific merit, and clinical relevance to oncology and the mission of the Commission on Cancer.

Awards

The author of the first place winning abstract in the ACS-CoC Research Paper Competition will receive a plaque and cash award of $1,000, travel expenses to the American College of Surgeons Clinical Congress with the opportunity to make a presentation on his/her research to the Annual Meeting of the Commission on Cancer. The authors of the second and third place winning abstracts will receive a cash award of $500, and an invitation to present a poster presentation of their research during the Annual Meeting of the Commission on Cancer.

American College of Surgeons – Commission on Cancer
Cancer Liaison Program
633 N. Saint Clair St. Chicago, IL 60611-3211
Phone: 312-202-5183; fax: 312-202-5009
Email to: Carolyn Jones at cjones@facs.org
http://www.facs.org/cancer/index.html
State Chair Information Board:
http://www.facs.org/cancer/coc/statechresource.html
American Cancer Society Partnership

You will find the following material in this section:
- State Chair’s Role with the ACS
- Fostering a Partnership with the ACS
- ACS Relationship with the CLP
- ACS Participation in the Cancer Committee
- Developing a Collaborative Action Plan
- ACS Division Map
State Chair’s Role with the American Cancer Society

Overview
The partnership between the American Cancer Society (ACS) and the CoC dates back to 1913 when an overlapping group of physicians founded the CoC and encouraged the development of standards for cancer care clinics, which served as the impetus for the CoC’s Accreditation Program. Over the years, collaboration between the ACS and CoC have evolved from a national level to state and community partnerships through the network of 64 State Chairs, 1,500 Cancer Liaison Physicians (CLPs), and more than 1,600 accredited cancer programs. The ACS and CoC are in a unique position to achieve a common goal: to improve the care of the cancer patient.

Collaborative Objectives
As State Chair, you serve as a leader that provides access to CoC-accredited programs and a network of providers in your state or region. As an organization that provides cancer information, resources, and services to the community, the ACS has a direct benefit in working with these programs and their providers. It is the State Chair’s role to integrate these two groups and work with the ACS and CLPs to:

- expand cancer awareness and information availability
- increase utilization of ACS services in CoC-accredited cancer programs
- support implementation of local prevention and early detection programs
- promote CoC facilities and the quality of care delivered to patients

American Cancer Society
The American Cancer Society’s National Home Office is located in Atlanta, GA, with 12 affiliate divisions nationwide. Each State Chair is assigned as the CoC representative to one of the 12 divisions. Some Divisions may have multiple State Chairs as their CoC representatives. State Chairs are expected to be highly involved and in contact with their respective ACS division relationship manager and/or state contact. State Chairs provide clinical expertise and physician leadership.

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

- serving as a division board member or committee member
- advocating for cancer legislative issues
• serving as a media spokesperson
• assisting in division outcome planning
• analyzing division/statewide data
• participating in special projects
Fostering a Partnership with the American Cancer Society

State Chairs should lead and direct the relationship between the Cancer Liaison Physicians and the local ACS field staff. State Chairs should meet with their respective ACS division relationship manager to define a set of objectives that will guide the relationship and activities of the CLPs and ACS field staff. Try some of the following ideas:

- Participate in face-to-face meetings with ACS staff to discuss state priorities and upcoming activities.
- Determine where your expertise fits with ACS division priorities and outcomes.
- Serve as an active volunteer.
- Offer to serve as a medical spokesperson representing the division.
- Determine how you can leverage CoC-accredited programs and CLPs in your state or region to move the ACS agenda forward.
- Establish a set of defined initiatives on which the CLPs and ACS field staff can collaborate.
- Determine how the ACS field staff can help facilities comply with CoC standards.
- Ask ACS to cosponsor a CLP/ACS meeting.
- Ask ACS division staff to present new programs and activities at your annual CLP meeting.
- Invite ACS field staff to participate in your annual CLP meeting.
- Match each CLP with an ACS staff member to encourage face-to-face interaction and community partnership.
- Send a joint letter with ACS division staff to CLPs encouraging collaborative work with local ACS staff and in implementing initiatives at the facility and within the community.

Who Supports the State Chairs?
Designated division 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 field staff and their Cancer Liaison Physicians.

ACS contact information can be found on the State Chair Information Board.
ACS 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 ensuring Society staff is invited to the cancer committee. The goals of the CLP’s relationship with ACS staff are to expand utilization of Society programs and services at the CoC-accredited cancer program and promote physician engagement in Society activities. Note: Due to time constraints of the CLP, Society staff may also work with others in the cancer program. The CLP should always be aware of these relationships and be kept apprised of interactions/partnerships within the cancer program.

Examples of CLP involvement with the Society include, but are not limited to:

- facilitating community outreach activities (for example, education and screening)
- using data to define a menu of Society programs and services offered at the facility
- facilitating a formal patient referral process to Society programs and services
- serving on a local Society committee(s)
- serving as a medical spokesperson
- promoting the Cancer Resource Network (CRN)
- promoting the Clinical Trials Matching Service
ACS Participation in the Cancer Committee

Cancer Liaison Physicians are encouraged to invite Society staff to cancer committee meetings to present and discuss opportunities for collaboration on cancer control projects. The cancer committee can request Society staff to present available programs and services, and work with the staff to ensure that they are implemented and monitored properly. Society staff should provide the cancer program with information about its services and support programs, and upcoming events.

The CoC recommends to its accredited cancer programs that American Cancer Society staff be invited as members of the cancer committee, but it is not required to allow Society staff participation. Some facility bylaws prohibit external parties from participating in cancer committee meetings due to patient confidentiality, hospital politics, and competition between hospitals. If this is the case, Society staff can offer participation on an as-needed basis and leave the meeting during sensitive discussions. Society staff is expected to uphold the confidentiality of the cancer committee according to hospital policy.

CLP goals:
(1) Work with the ACS to establish a regular presence at cancer committee meetings.
(2) Inform the cancer committee of Society services and activities.
(3) Identify partnership opportunities.

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.
Developing a Collaborative Action Plan

The Collaborative Action Plan is designed to formalize the local relationship between the Society and a CoC-accredited cancer program. It outlines areas of collaboration and opportunities for potential partnership activities. The Action Plan tool will help to document steps in supporting the relationship and achieving mutual goals.

The Collaborative Action Plan promotes planning and accountability. Completion of this planning document with the cancer program leads to discussion and planning of programs and community outreach activities and assigns accountability to each organization.

State Chairs should work with their ACS division relationship manager to determine if encouraging Collaborative Action Plans within your CoC cancer programs is appropriate.

Goals of the Collaborative Action Plan

- Provide structure and accountability to the relationship.
- Establish a formal patient referral mechanism.
- Aid in facility’s compliance with CoC accreditation standards.

ACS goals

- Obtain agreement from the facility that some sort of “plan” would be beneficial.
- Complete the Collaborative Action Plan with appropriate cancer program staff.
- Obtain approval of the plan from the facility cancer committee and/or leadership.
- Oversee implementation of the action plan over the next year.
- Revisit the plan each year, share progress, and evaluate revisions needed.
Involvement in Comprehensive Cancer Control
(Optional)

You will find the following material in this section:
- State Chair Role in Comprehensive Cancer Control
State Chair Role Within the CCC (Optional)

The Commission on Cancer (CoC) has been a national Comprehensive Cancer Control (CCC) partner since 1995. As a national entity that sets standards and accredits cancer programs, CoC-accredited cancer programs treat more than 71 percent of all cancer patients nationwide. The CoC is a major stakeholder in cancer control activity and provides exclusive access to more than 1,600 CoC-accredited cancer programs, 64 State Chairs, and nearly 1,600 Cancer Liaison Physicians (CLPs). The CoC continues to support CCC through State Chair and CLP involvement in setting statewide priorities and implementing activities at the community level.

State Chair Role
The role of the CoC State Chairs in CCC is to serve as a leader on the state coalition, assist in coordinating cancer control activities in the state, and help identify gaps and opportunities across the cancer continuum. They assist in prioritizing state cancer issues, assessing resources and capacity, and identifying cancer control activities and partners to include in the plan. Suggestions for involvement include:

- Serve as an active member of the state cancer plan coalition (for example executive committee).
- Provide expertise in identifying statewide cancer priorities (for example using National Cancer Data Base data).
- Assist in developing strategies to address identified cancer control needs.
- Assist in coordinating activities involving CoC-accredited cancer programs and resources.
- Leverage the support of CLPs and CoC-accredited cancer programs to implement the cancer plan.
- Communicate activities of the partnership to the local American College of Surgeons chapter, ACS and CLPs.

State Chairs should specifically advocate for the inclusion of objectives in the state plan that improve access and delivery of quality care to cancer patients in the state. State Chairs should focus on including objectives and strategies to:

- Increase the number of CoC-accredited cancer programs in the state.
- Improve patient access to quality cancer care through referrals to CoC-accredited cancer programs.
- Promote the availability of high-quality cancer care through CoC-accredited cancer programs.

State Chairs’ role should model the following:

Membership
- Serve as an active member of the state cancer plan coalition
• Serve as a member of the executive committee
• Chair or serve as a member on a workgroup such as:
  o Treatment
  o Early detection
  o Site-specific taskforces (for example, breast, colorectal, and so on.)

**Developing the Plan**
• Assist in developing the plan
  o Identify problems across the cancer continuum in the state.
  o Set priorities.
  o Develop strategies to address identified needs.
  o Promote the inclusion of objectives or strategies regarding the delivery of quality cancer care in CoC-accredited cancer programs.
• Utilize and present NCDB data to the team
  o Compare state, regional, and national data.
  o Illustrate state successes in cancer care.
  o Identify areas for improvement.
  o Identify target audiences and disparities.
• Assist in assessing cancer prevention and control resources and activity in the state
  o Tap CLPs as a resource to identify local cancer control efforts and their issues.
• Identify CLPs across the state who can lend expertise and serve on the state planning team’s workgroups.

**Implementing the Plan**
• Assist in coordinating activities involving CoC-accredited cancer programs and respective resources.
• Create a mechanism in which CLPs report on community outreach work related to the state cancer plan.

**Advocating for Comprehensive Cancer Control**
• Communicate the status of the plan and activities of the coalition to the local American College of Surgeons chapter and state/regional CLPs.
• Work with the state planning team to disseminate a copy of the state cancer plan to CLPs and College Chapter constituents.
• Serve as a resource for media spots, press conferences, meetings, and/or written reports.

**How to Get Involved**
• Obtain a copy of the state plan at NCI’s Cancer Control P.L.A.N.E.T (http://www.cancercontrolplanet.org/).
• Contact the CCC program staff in your state. See the State Chair Information Board for contact information.
• Become an active member of the state cancer plan coalition and determine to which workgroup you can lend your expertise.
• Share your activities and status of the state cancer plan with your local American College of Surgeons chapter, ACS and CLPs.
Accessing CoC Datalinks

You will find the following material in this section:
- CoC Datalinks
- State Chair Use of the National Cancer Data Base
CoC Datalinks

What is CoC Datalinks?
CoC Datalinks is a central repository for maintaining CoC-accredited cancer program data and information. This password-protected portion of the CoC website enables programs to access, provide, and utilize facility-specific information. The CoC Datalinks portal offers access to the following resources for State Chairs:

- Cancer Liaison Program
  - Cancer Liaison Physician (CLP) Activity Reports
  - Aggregate Report on CLP Activity
- 2011 Scheduled Surveys
- Facility and Staff Contact Information
- CoC Hospital Locator
- National Cancer Data Base Reports
  - NCDB Hospital Comparison Benchmark Reports
  - NCDB Survival Reports
  - Cancer Program Practice Profile Reports (v2)
- List of CLPs with contact information
- E-mail listserv of CLPs
- State Chair roster
- List of CLPs serving in non-accredited facilities

If you forgot your user ID and/or password, contact the CoC at CLP@facs.org.

More information about CoC Datalinks can be found at http://www.facs.org/cancer/coc/whatisdatalinks.html.
State Chair Use of the National Cancer Data Base

What is the National Cancer Data Base?
The National Cancer Data Base (NCDB) is a nationwide, facility-based, oncology database that currently captures 71 percent of all newly diagnosed cancer cases in the United States annually, and holds information on over 21 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 (ACS).

The NCDB maintains a number of Web-based data applications that have been developed to promote access to NCDB data. These tools are for use by CoC-accredited cancer programs as a means by which 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 National Cancer Data Base can be found at http://www.facs.org/cancer/ncdb/index.html.

NCDB Tools
NCDB tools available to State Chairs are the Hospital Benchmark Comparison Reports, Cancer Program Practice Profile Reports (CP³R), and Survival Reports.

For a description of each NCDB tool, go to http://www.facs.org/cancer/ncdb/qualitytools.html.

How to Use NCDB Data
State Chairs can use NCDB data to study patterns of diagnosis, first course treatment, and long-term patient outcomes at the local and state level. The CoC encourages State Chairs to compare their state’s data to other states and/or national trends. State Chairs can also use NCDB data to formulate study questions and develop manuscripts.

If you do not yet have access to your CoC-accredited program’s NCDB data, please contact CLP@facs.org.

ACoS Chapter
• Present NCDB data at your annual American College of Surgeons chapter meeting.
• Use data to examine geographic variations in care and concordance of care statewide.
• Encourage ACoS members to review their own facility’s data and compare their data to aggregate groups in the state.
American Cancer Society

- Utilize and share NCDB data to develop ACS division outcomes around site specific cancers.
- Determine gaps in care and opportunities for intervention around the state.
- Strategize prevention and early detection efforts (target populations, special cancers) and supportive care around NCDB findings.
- Utilize NCDB data to back advocacy efforts in the state.

State Comprehensive Cancer Control

- Compare diagnosis and treatment patterns in your own state to other states and national figures.
- Present findings to the state cancer plan coalition.
- Utilize this data to prioritize state issues, identify disparities in diagnosis, care, and access, and determine treatment variations statewide.
- Use data from the NCDB for policy development.
Recruitment of CoC Accredited Programs

You will find the following material in this section:

- Cancer Program Recruitment
- Benefits of CoC Accreditation
- Observation of a CoC Survey (optional)
Cancer Program Recruitment

As a Commission on Cancer (CoC) State Chair, one of your responsibilities is to identify facilities for recruitment into the CoC Accreditation Program.

Recruitment
During their three-year term, State Chairs are encouraged to identify two facilities for proactive recruitment into the Accreditation Program. Information for programs seeking accreditation is available on the CoC website at [http://www.facs.org/cancer/coc/seekingaccred.html](http://www.facs.org/cancer/coc/seekingaccred.html). Feel free to share this link with any non-accredited program that expresses interest in the Accreditation Program, and forward the name(s) of the facility and contact information to CLP@facs.org and we will follow-up on the lead. This effort will help us further expand awareness of and participation in the Accreditation Program.

Ambassador Visits
If you are aware of a facility interested in joining the network of CoC-accredited programs, you may consider referring the facility for an ambassador visit. The Ambassador Program was designed to provide interested facilities with more detail on the benefits of CoC accreditation. Through an open dialogue with representatives from the facilities’ administration, medical staff, and the cancer program, an ambassador provides the encouragement and guidance to take the necessary steps to achieve accreditation. Currently, State Chairs serve as CoC Ambassadors. There is no charge to a facility requesting an ambassador visit. If you know of a program that would benefit from an ambassador visit, please e-mail CLP@facs.org.
Benefits of CoC Accreditation

Applying for and maintaining CoC accreditation is a voluntary commitment by a cancer program that ensures its patients will have access to the full scope of services required to diagnose, treat, rehabilitate, and support patients with cancer and their families. Through its access to National Cancer Data Base data, a cancer program is able to continually evaluate its performance and take proactive corrective action when necessary. This continuous evaluation reaffirms the commitment of the program to provide quality cancer care.

Accredited programs receive notable benefits from the CoC that enhance their cancer program. These include:

- **National recognition**: CoC-accreditation is nationally recognized by organizations such as the Joint Commission, American Cancer Society, Aetna, Centers for Medicare and Medicaid Services, National Quality Forum, and the National Cancer Institute as having established performance measures for the provision of high-quality cancer care.
- **Organized care**: The CoC offers cancer programs an organizational model for the delivery of comprehensive, multidisciplinary cancer care.
- **Quality improvement**: Participation in the National Cancer Data Base (NCDB) and access to Comparison Benchmark Reports and other resources and tools enable Commission-accredited programs to compare their quality of care and improve performance based on nationally recognized quality measures and standards of care.
- **Public awareness**: Free promotion and national exposure are available to accredited programs through CoC marketing efforts, the CoC’s Hospital Locator, select payers, and organizations providing patient information about where to receive quality cancer care.

For the patient and community, the quality standards established by the CoC for cancer programs ensure:

- Comprehensive care including a complete range of state-of-the-art services and equipment.
- A multidisciplinary team approach to coordinate the best available treatment options.
- Information about ongoing cancer clinical trials and new treatment options.
- Access to prevention and early detection programs, cancer education, and support services.
- A cancer registry that offers lifelong patient follow-up.
- Ongoing monitoring and improvements in cancer care.
- Quality care, close to home.

Being a CoC-accredited cancer program demonstrates a facility’s ongoing commitment to providing high-quality, multidisciplinary cancer care.
The Commission wishes to acknowledge the hard work and dedication these programs put forth in meeting the CoC standards, improving the reliability of cancer data, and enabling the best possible outcomes for today’s cancer patients.

Observation of a CoC Survey (Optional)

Overview
In order to fully understand the CoC Accreditation Program and survey process, State Chairs are encouraged to observe a cancer program survey in an institution other than their own during their three-year term.

Arrangements and Logistics
The following is a list of steps that the State Chair should follow to observe a survey:

- A list of scheduled surveys in the state in the next calendar year is available on CoC Datalinks at https://datalinks.facs.org/. Enter your user ID and password to get to the Activity Menu. You will find the list of scheduled surveys near the top of the page.
- Review the list of confirmed dates and send an e-mail to CLP@facs.org with the name of the facility you are interested in observing.
- CoC staff will request the permission of the cancer committee chair for the State Chair’s attendance.
- CoC staff will notify the surveyor of the permission granted to observe.
- CoC staff will send a confirmation e-mail to the State Chair.
- The CoC surveyor or the facility registrar will contact the State Chair with information on the location, time, and agenda
- Document any expenses incurred on the Volunteer Reimbursement Form and return to:

   American College of Surgeons  
   ATTN: Cancer Liaison Program Coordinator  
   633 N. Saint Clair St.  
   Chicago, IL  60611
Web Resources, Communication, and Online Education Portal

You will find the following material in this section:
- List of State Chair Resources Available on the State Chair Information Board and CoC Datalinks
- CoC Communications
- CoC Online Education Portal
State Chair Resources


**State Chair Information Board:** http://www.facs.org/cancer/coc/statechresource.html
State Chair Newsletters
Meetings
Login to CoC Datalinks (user ID and password required)
State Chair Toolkit
Best Practices
Forms
  - Presentation Request form
  - Request for Stipend form
  - Volunteer Reimbursement form
CoC Cancer Program Accreditation Information
Activity Report Samples
CoC Spring Meeting
CoC Meetings at Clinical Congress
CoC Physician-in-Training Research Paper Competition
State Chair Contact List
American College of Surgeons Chapter Listings
American Cancer Society Contacts and Information
Comprehensive Cancer Control Contacts and Information

**CoC Datalinks Content:** http://www.facs.org/cancer/coc/whatisdatalinks.html
User ID and password required
Cancer Liaison Program (CLP)
  - Cancer Liaison Physician Activity Reports
  - Aggregate Report on CLP Activity
2011 Scheduled Surveys
CoC Hospital Locator
National Cancer Data Base (NCDB) Statistics
  - NCDB Hospital Comparison Benchmark Reports
  - NCDB Survival Reports
  - Cancer Program Practice Profile Reports (v2)
Current list of CLPs with contact information
E-mail listserv of CLPs
State Chair roster
List of CLPs serving in non-accredited facilities

If you are a CLP or Datalinks user, you will have additional applications specific to your facility.
If you forgot your user ID and/or password, contact the CoC at CLP@facs.org.

**CoC Staff Contacts**
To reach any of the CoC staff, go to http://www.facs.org/cancer/whocall.html.
CoC Communications

Overview
The CoC sends several communications to its network, members, and constituents. Following is a list of the communications sent out on a regular basis and a summary of the audience and intentions of each.

CoC Flash
Audience: 10,000+ individuals for whom the CoC has e-mail addresses.
Content: A newsletter highlighting the CoC’s latest news and events, as well as information from external cancer-related organizations that is relevant to our constituency.
Distribution: Monthly via e-mail.

Quarterly STATEment
Audience: State Chairs, Committee on Cancer Liaison members, and American Cancer Society (ACS) national and division staff.
Content: A newsletter highlighting recent activity of the Cancer Liaison Program and other CoC programs of interest to the State Chairs and relevant to their responsibilities.
Distribution: Quarterly via e-mail.

Cancer Liaison Physician newsletter template
Audience: Cancer Liaison Physicians in your state.
Content: This is a customizable newsletter template that contains news items of interest to CLPs from The CoC Flash and other sources with a blank section for you to write a personal message to your CLPs. The template will be sent by CoC staff to State Chairs twice per year.
Distribution: Twice a year

The ChrOniCle
Audience: American Cancer Society national, division, and field staff, State Chairs, Committee on Cancer Liaison members
Content: A newsletter providing updates on CoC activities and programs as they relate to the ACS. These updates may include direction for partnership opportunities and guidance on ways ACS can enhance their relationship with CoC State Chairs and CLPs.
Distribution: Quarterly via e-mail
CoC Online Education Portal

The CoC’s Online Education Portal, available at http://eo2.commpartners.com/users/acs/, features a section specifically for Cancer Liaison Physician (CLP) education. This section contains prerecorded educational webinars for CLPs (and State Chairs) that are designed to assist CLPs with understanding their role. State Chairs would also benefit from viewing these webinars. CLPs are required to complete the Orientation webinar within six months of their appointment or reappointment. In addition, CLPs will be required to complete other Webinars each year. The webinars are available on demand and are free of charge. See the Cancer Liaison Physician Information Board for a list of the available webinars and instructions for accessing them.

Objectives
- To provide brief educational programs that offer support and training specifically related to CoC and CLP requirements.
- To meet the increased demand for training and education that does not require travel.

Continuing Education
All sessions offering credit require individuals to complete a post-test with 100 percent accuracy and a program evaluation form. Simply viewing a session does not make an individual eligible for CME.

Topics
There are currently five webinars available to CLPs posted on the Portal. There are additional presentations posted under the following categories:
- CoC Cancer Program Standards, Data, and Quality Improvement
- Cancer Staging
- Stereotactic Breast Biopsy Accreditation

Note: There is a charge for webinars that are not CLP-specific.
Meetings and Travel

You will find the following material in this section:

- CoC Meetings and Travel
- Reimbursement Reminders
CoC Meetings and Travel

The Commission on Cancer hosts two annual meetings each year, one in the spring and one in the fall. State Chairs are reimbursed for all travel, lodging, ground transportation, and food expenses when traveling to and from CoC meetings and while on other authorized CoC business.

Flight Arrangements
All air travel reservations must be booked through ACS Travel Services. Travelers will not be reimbursed for air travel booked through other agents or sources. ACS Travel Services can be reached at 1-800-456-4147 or ACSTravel@facs.org.

Lodging, Ground Transportation, and Food Expenses
State Chairs will be reimbursed for any expenses incurred during travel to CoC meetings or other authorized CoC business. See the Forms section of the State Chair Information Board for a copy of the Volunteer Reimbursement form. State Chairs pay for expenses up front and the College sends a reimbursement check after receipt of the form. Be sure to save any receipts that exceed $75, including the original hotel bill. Forms should be returned to:

American College of Surgeons
Attn: Cancer Liaison Program Coordinator
633 N. Saint Clair
Chicago, IL  60611

For more information on the American College of Surgeons’ travel policy, please refer to the American College of Surgeons Volunteer Travel Policies and Procedures on the State Chair Information Board.

Meeting Requirements
State Chair Annual Meeting – May, Chicago, IL

State Chair Town Hall Meeting – October (in conjunction with Clinical Congress)

Cancer Liaison Physician Breakfast - October (in conjunction with Clinical Congress)

Commission on Cancer Spring Meetings
The CoC spring meetings are held each year in Chicago, IL at the American College of Surgeons headquarters. The State Chair Annual Meeting is hosted on Saturday in conjunction with these meetings. **State Chairs are required to attend at least two Annual State Chair Meetings in their three-year term.**
**American College of Surgeons Clinical Congress**
The Annual American College of Surgeons Clinical Congress is held each year in October and the location of the meeting changes each year. The CoC hosts a State Chair meeting on the Sunday prior to the meetings of Clinical Congress, as well as a Cancer Liaison Physician Breakfast Meeting on Monday morning. Some State Chairs take advantage of this time to meet separately with their Cancer Liaison Physicians who are in attendance.
Reimbursement Reminders

Travel
The CoC understands traveling and being away from the office is a huge commitment on your part; however, we ask that State Chairs be conservative in their spending for CoC activities, including travel to and from meetings.

A few reminders:
- State Chairs are required to use the ACS Travel Service for CoC Meetings. The CoC will not reimburse State Chairs for air travel made through an outside travel agency or a direct airline carrier. Please ensure your support staff is aware of this policy.
- The College will not reimburse for travel, baggage, and/or food expenses for spouses and/or family members.
- Please be conservative in costs such as ground transportation (limo service is excessive if taxis are available).
- The College cannot reimburse for Internet use.

CLP Meeting Stipend
State Chairs can receive up to $750 to support an annual meeting with their Cancer Liaison Physicians (CLPs). The meeting may be in-person, by conference call, via a webinar, or some other format. The stipend can be used to cover a meal, local travel, a speaker, or other meeting-related expense. Please complete the Stipend Request form, include all receipts, and send to:

American College of Surgeons
Commission on Cancer/Cancer Liaison Program
Attn: Cancer Liaison Program Coordinator
633 N. St. Clair St.
Chicago, IL 60611
Phone: (312) 202-5183
Fax: (312) 202-5009
CLP@facs.org

The Request for Stipend form can be found on the State Chair Information Board.