<table>
<thead>
<tr>
<th>Page</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>AND Academy of Nutrition and Dietetics</td>
</tr>
<tr>
<td>4</td>
<td>ALLIANCE Alliance Clinical Research Program</td>
</tr>
<tr>
<td>6</td>
<td>AAHPM American Academy of Hospice and Palliative Medicine</td>
</tr>
<tr>
<td>8</td>
<td>AAP American Academy of Pediatrics</td>
</tr>
<tr>
<td>*</td>
<td>AACE American Association of Cancer Education</td>
</tr>
<tr>
<td>10</td>
<td>ACS American Cancer Society</td>
</tr>
<tr>
<td>13</td>
<td>ACOG American College of Obstetricians and Gynecologists</td>
</tr>
<tr>
<td>16</td>
<td>ACOA American College of Oncology Administrators</td>
</tr>
<tr>
<td>*</td>
<td>ACP American College of Physicians</td>
</tr>
<tr>
<td>19</td>
<td>ACOSRAS American College of Surgeons Resident and Associate Society</td>
</tr>
<tr>
<td>*</td>
<td>ACOSYFA American College of Surgeons Young Fellows Association</td>
</tr>
<tr>
<td>21</td>
<td>AHNS American Head and Neck Society</td>
</tr>
<tr>
<td>22</td>
<td>AHA American Hospital Association</td>
</tr>
<tr>
<td>24</td>
<td>AJCC American Joint Committee on Cancer</td>
</tr>
<tr>
<td>26</td>
<td>AMA American Medical Association</td>
</tr>
<tr>
<td>28</td>
<td>APSA American Pediatric Surgical Association</td>
</tr>
<tr>
<td>30</td>
<td>APOS American Psychosocial Oncology Society</td>
</tr>
<tr>
<td>32</td>
<td>ARS American Radium Society</td>
</tr>
<tr>
<td>34</td>
<td>ASBS American Society of Breast Surgeons</td>
</tr>
<tr>
<td>37</td>
<td>ASCO American Society of Clinical Oncology</td>
</tr>
<tr>
<td>*</td>
<td>ASCRS American Society of Colon and Rectal Surgeons</td>
</tr>
<tr>
<td>43</td>
<td>ASPS American Society of Plastic Surgeons</td>
</tr>
<tr>
<td>47</td>
<td>ASTRO American Society for Radiology and Oncology</td>
</tr>
<tr>
<td>51</td>
<td>AUA American Urological Association</td>
</tr>
<tr>
<td>54</td>
<td>AACI Association of American Cancer Institutes</td>
</tr>
<tr>
<td>*</td>
<td>ACE Association of Cancer Executives</td>
</tr>
<tr>
<td>56</td>
<td>ACCC Association of Community Cancer Centers</td>
</tr>
<tr>
<td>58</td>
<td>AOSW Association of Oncology Social Work</td>
</tr>
<tr>
<td>60</td>
<td>CSC Cancer Support Community</td>
</tr>
<tr>
<td>66</td>
<td>CDC Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>*</td>
<td>CAP College of American Pathologists</td>
</tr>
<tr>
<td>*</td>
<td>DOD Department of Defense</td>
</tr>
<tr>
<td>67</td>
<td>VA / VHA Department of Veterans Affairs / Veterans Health Administration</td>
</tr>
<tr>
<td>69</td>
<td>LIVESTRONG LIVESTRONG Hematology/Oncology Pharmacy Association</td>
</tr>
<tr>
<td>71</td>
<td>NAPBC National Accreditation Program for Breast Centers</td>
</tr>
<tr>
<td>73</td>
<td>NCI National Cancer Institute (Applied Research and SEER)</td>
</tr>
<tr>
<td>77</td>
<td>NCRA National Cancer Registrars Association</td>
</tr>
<tr>
<td>79</td>
<td>NCCS National Coalition for Cancer Survivorship</td>
</tr>
<tr>
<td>*</td>
<td>NCCN National Comprehensive Cancer Network</td>
</tr>
<tr>
<td>81</td>
<td>NCBC National Consortium of Breast Centers</td>
</tr>
<tr>
<td>83</td>
<td>NSGC National Society of Genetic Counselors</td>
</tr>
<tr>
<td>86</td>
<td>NSABP National Surgical Adjuvant Breast and Bowel Project</td>
</tr>
<tr>
<td>88</td>
<td>NAACCR North American Association of Central Cancer Registries</td>
</tr>
<tr>
<td>90</td>
<td>ONS Oncology Nursing Society</td>
</tr>
<tr>
<td>92</td>
<td>SGO Society of Gynecologic Oncologists</td>
</tr>
<tr>
<td>*</td>
<td>SNM Society of Nuclear Medicine</td>
</tr>
<tr>
<td>94</td>
<td>SSO Society of Surgical Oncology</td>
</tr>
<tr>
<td>96</td>
<td>STS Society of Thoracic Surgeons</td>
</tr>
</tbody>
</table>

* Report Not Received
Organization Name: Academy of Nutrition and Dietetics  
(formerly the American Dietetic Association)  
(Approximately 79,000 dietetics professionals including Registered Dietitians, Dietitian Nutritionists and Dietetic Technicians-R)

Year Joined the CoC: 1995

Mission Statement: Empower members to be the nation’s food and nutrition leaders. The Academy’s commitment is to optimize the nation’s health through food and nutrition using the values of customer focus, integrity, innovation and social responsibility.

Website: http://www.eatright.org

Major Projects/Key Initiatives Underway

- **Credential name change:** Consistent with our organization name change in 2012, we have made a slight but significant change to our credential. Registered dietitians now have the option of using the long-standing title of Registered Dietitian (RD) or the new title: Registered Dietitian Nutritionist (RDN). It also is acceptable for a credentialed professional in good standing to use both.

- **Board Certification in Oncology Nutrition:** The Commission on Dietetic Registration (CDR) offered the first examination for Board Certification in Oncology Nutrition in March 2008. The certification is available only to registered dietitians. Board Certification is granted in recognition of an applicant's documented practice experience and successful completion of an objective examination in the specialty area. The Board Certification in Oncology Nutrition credential provides potential employers, oncology patients and caregivers with a tool to evaluate the expertise of the dietetics professional providing oncology nutrition services. Currently 603 registered dietitians across the United States and Canada have successfully become Board Certified in Oncology Nutrition (Certified Specialist in Oncology, CSO). The Certification in Oncology Nutrition is the fastest growing area of specialty currently offered by the CDR.

- **New Scope and Standards of Practice:** Scope of practice in nutrition and dietetics encompasses the range of roles, activities, and regulations within which nutrition and dietetics practitioners perform. For credentialed practitioners, scope of practice is typically established within the practice act and interpreted and controlled by the agency or board that regulates the practice of the profession in a given state. The Academy's Standards and Quality Management team developed decision making tools and comprehensive scope of practice documents to be used by all RDs, RDNs and DTRs in today's dynamic and diverse healthcare environment.

Care serve as a professional resource for self-evaluation and professional development for Registered Dietitians specializing in oncology nutrition practice. Application of these documents in clinical practice presents the opportunity for skill advancement at the specialty and advanced levels. These documents are an initiative of the Academy's Quality Management and the ON DPG that reflects a commitment to improving the quality of nutrition services provided by registered dietitians in oncology settings that is timely, effective, efficient, safe and client-centered.

- **Evidence Analysis Library: Oncology Nutrition**: the Academy’s Evidence Analysis Library is the online library of systematic literature reviews on important dietetic practice questions. Analyses of many oncology nutrition practice questions were completed in March 2007, and are currently undergoing review and revision. The A.N.D. Evidence Analysis Library (http://www.adaevidencelibrary.com) and resources are available to non-Academy members, however full access to the Library is reserved for Academy members (as a member benefit) and for non-members who purchase a subscription. Trial subscriptions are available for 7 days.

- **Oncology Evidence-Based Nutrition Practice Guideline**: Clinical practice guideline recommendations are systematically developed statements based on scientific evidence to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. The A.N.D. Oncology Evidence-Based Nutrition Practice Guideline is based on the findings of the oncology nutrition evidence analysis project. The Guideline was published to the Evidence Analysis Library in the fall of 2007 and the Executive Summary of Recommendations can be accessed by everyone at http://andevidencelibrary.com

**Recently Released Publications and/or Products**:

- Two publications are currently in development: a *Pocket Guide on the Nutrition Care Process in Cancer Care* (through Academy Publications) and *Oncology Nutrition for Clinical Practice* (through independent publishing but utilizing many members of the Oncology Nutrition Dietetic Practice Group and CSOs). Publication dates in 2013 are expected.

- **Oncology Nutrition website**: The Oncology Nutrition Dietetic Practice Group (ON DPG), an oncology focus group of approximately 2000 members within the Academy, has updated and expanded their website to include more oncology nutrition information for the general public, and cancer survivors in particular. visit: www.oncologynutritiondp.org

- **Oncology Toolkit EAL**: the toolkit is designed to assist the registered dietitian in applying the *A.N.D. Oncology Evidence-Based Nutrition Practice Guideline*. The toolkit includes resources such as the MNT summary of recommendations for various cancer types, MNT encounter process, progress note documentation forms, head and neck cancer case study, patient education list, professional resource list, patient library recommendations, outcomes monitoring forms, survivorship care plan forms and more. It also incorporates the Nutrition Care Process and Standardized language for patient/client care

- **Academy of Nutrition and Dietetic Position Papers**: the Academy of Nutrition and Dietetics develops Position and Practice Papers to assist in promoting the public's optimal nutrition, health, and well-being. Both position and practice papers are germane to the Academy's vision, mission, values, goals, and strategies. The Academy also participates in developing joint position papers with other professional associations in addition to adopting positions put forth by other professional associations. Position and practice papers are written by health professionals who possess thorough and current knowledge of the topic. Position Papers can be found at http://www.eatright.org.

**Scheduled Conferences/Meetings/Educational Programs**

Please briefly describe your legislative/advocacy agenda:

- **ANDPAC is the Academy of Nutrition and Dietetics Political Action Committee** — and is the only political action committee broadly focused on food, nutrition and health. It ranks among the top 35 health professional political action committees in the country. Our goal is to support pro-nutrition candidates for federal office.

- **The Academy of Nutrition and Dietetics' premier policy and advocacy training** — the Public Policy Workshop (PPW) took place in Washington DC, March 10-12, 2013. PPW offers an interactive format where attendees are active participants as they learn about the ever-evolving public policy landscape. Several important issues include the **Farm Bill, Supplemental Nutrition Assistance Program (SNAP and SNAP Education)** and reimbursement. Over 500 dietetic profession representatives from across the country were in attendance this year.

- Kathryn Hamilton, the Member Organization representative to the CoC, is currently sitting on the Advocacy Subcommittee of the CoC.

Please list emerging issues within your organization that the CoC should become engaged/involved in:

- The Academy of Nutrition and Dietetics worked together with the Accreditation Committee of the Commission on Cancer to include Nutrition Services as one of the eligibility criteria for accreditation in the Patient Centered CoC Standards 2012. We have continued to partner in defining this criteria and will work with interested parties to help meet this need. Creation of a webinar on this topic is planned for the next year.

- The Academy will once again offer a poster at the annual meeting during the Poster Session.

- CoC Members: please encourage the registered dietitians and registered dietitian nutritionists at your institutions to pursue Board Certification in Oncology Nutrition. Exams are given during the month of March and September each year. A timeline for the application and exams, in addition to more information on the certification can be found on the CDR website (http://cdrnet.org/certifications/board-certification-as-a-specialist-in-oncology-nutrition).

Submitted by: Kathryn K Hamilton, MA RD RDN CSO  
Date: April 1, 2013
Organization Name: Alliance for Clinical Trials in Oncology ALLIANCE

Year Joined the CoC: 2011

Mission Statement: The mission of the Alliance Clinical Research Program is to reduce the impact of cancer by 1) engaging a broad oncology community in cancer clinical trials; 2) reducing the time from trials reporting to practice implementation; 3) developing “best cancer practices” and standardize cancer practices; and 4) creating novel programs of research in comparative effectiveness and emerging technologies.

Website: www.allianceforclinicaltrialsinoncology.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

• Develop surgical education sessions at the 2014 Clinical Congress.
• Increase participation of community oncology surgeons in the Alliance by soliciting ACS CRP Committee membership from ACS Fellows, engaging CCOP surgeons in ACS CRP committees, and considering the creation of an ACS CCOP for community surgeons.
• Develop and implement evidence-based practices in surgical oncology through development of a Surgical Standards Manual for breast, colon, pancreas and lung.
• Lead the expansion of cooperative group research activities to include health services and cancer care delivery research by facilitating funding submissions
• Integrate efforts of the ACS CRP, Alliance Community Oncology Committee (Cancer Control Program) and the Commission on Cancer through joint educational programs and activities with CoC Committees.
• Harmonize evolving standards activities between Committees: Member Services (establishing and managing ongoing trial QA/QC); Alliance Disease Committees (setting protocol standards); Education (considering CME for the standards manual); Cancer Care Standards (developing the standards manual, including evidence-based standards), and Cancer Care Delivery Research (identifying areas of research to support new standards).

Recently Released Publications and/or Products: None

Scheduled Conferences/Meetings/Educational Programs (please include title(s), date(s), abstract submission deadline(s) and location(s):

• 2013 Clinical Congress, Washington D.C.
  o Panel: Neoadjuvant Cancer Treatment: Finding the New “Normal” in Cancer Treatment: (Lisa Bailey MD and Nancy You MD, moderators)
  o Panel: Advancing the Surgeon’s Role in Cancer Prevention and Clinical Trials Update (Isabelle Bedrosian MD, moderator)
  o Town hall: ACS-CRP Defining Cancer Surgical Guidelines and Reporting (Keith Amos MD, moderator)
Alliance for Clinical Trials in Oncology Group Meeting, November 7-9, 2013, Chicago, IL, which will include ACS CRP committee meetings and the first Annual ACS Lecture for Alliance Group Meetings. (Dr. Elaine Mardis PhD from Washington University, lecturer).

Please briefly describe your legislative/advocacy agenda, if applicable: None

Please list emerging issues within your organization that the CoC should become engaged/involved in:

- Development of an ACS-supported CCOP/NCORP for community surgeons (CoC is already engaged in discussions)
- Need for expansion of National Cancer Data Base to include additional data elements for comparative effectiveness and patient-centered outcome research studies

Submitted by: Heidi Nelson MD, FACS, Program Director

Date: April 9, 2013
Organization Name: American Academy of Hospice and Palliative Medicine

Year Joined the CoC: 1996

Mission Statement: AAHPM is comprised of nearly 5,000 physicians and other health care professionals who are committed to improving the care of patients with serious or life-threatening conditions. The Academy’s mission is to expand access of patients and families to high-quality palliative care and advance the discipline of hospice and palliative medicine through professional education and training, development of a specialist workforce, support for clinical practice standards, research, and public policy.

Website: www.aahpm.org and www.PalliativeDoctors.org (patient site)

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

- **Strengthen member engagement**: Hospice and palliative care stakeholders will value membership and engage with AAHPM.
- **Build workforce and leadership**: AAHPM will strive to attract, develop and retain a sufficient workforce composed of competent leaders – including clinicians, educators, and researchers – expanding access to all those who could benefit from hospice and palliative care.
- **Advance knowledge and competency**: AAHPM educates physicians within all career stages and practice settings to achieve high levels of competency in hospice and palliative medicine.
- **Promote quality of care and evidence-based practice**: AAHPM promotes training in, funding for, and dissemination of research that expands the evidence base of the field and improves the quality of hospice and palliative care.
- **Increase advocacy and awareness**: AAHPM expands awareness, understanding, acceptance, funding support and utilization of palliative medicine and hospice.
- **AAHPM is encouraging its members to certify in hospice and palliative medicine** through the ABMS or AOA pathways. The next exam will be offered in the fall 2013 for osteopathic physicians.

Recently Released Publications and/or Products:

- The **Journal of Pain and Symptom Management** continues as the official journal of AAHPM.
- **PC-FACS** is a monthly e-publication that provides palliative care clinicians with concise summaries of the most important findings from more than 10 medical and scientific journals.
- **Primer of Palliative Care** includes information on pain management; dyspnea; gastrointestinal symptoms; delirium, depression and anxiety, fatigue and spirituality; goal-setting, prognostication and self-care; last-resort options; and care during the last hours of life.
- **The Hospice and Palliative Care Training for Physicians: UNIPAC** book series is an excellent resource for oncologists and other clinicians interested in incorporating palliative medicine principles into their practice. It will be available as electronic format in late 2013.
- **Hospice Medical Director Manual** is a reference book for physicians anticipating or already acting as hospice medical directors. It defines best practices, offers tools and simple documents for reference and provides answers to questions about physician roles in hospice, employment or contracting with a hospice and responsibilities on the hospice team and within the organization.
- **AAHPM Physician Compensation and Benefits Survey – 2010 Report** examines work arrangements, salary and other earnings, benefits, and perquisites across a number of physician roles. Includes data from nearly 800 physicians working in the field.
• **HPM PASS** and **HPM FAST** are online practice tests that assess physicians’ knowledge in hospice and palliative medicine.

• AAHPM offers an online library with access to past [webinars and recordings](#) from courses and annual meetings. Topics cover a variety of issues relevant to hospice and palliative medicine professionals.

**Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), abstract submission deadline(s) and location(s)):

• **Hospice Medical Director Course** will be held in Indianapolis, IN, August 29-31, 2013.

• **Annual Assemblies** will be held March 12-15, 2014 in San Diego; February 25-28, 2015 in Philadelphia; and March 9-12 in Chicago.

**Please briefly describe your legislative/advocacy agenda, if applicable:**

AAHPM engages in public policy advocacy to advance the field, promote the interests of palliative care and hospice patients, and support the health professionals that care for them. The needs of patients and their families throughout the care continuum guide AAHPM’s policy agenda. The following priorities are intended to help direct the Academy’s efforts and resources, including collaboration with outside entities.

A just, effective and efficient system of health care requires palliative care as a key component. In order to achieve this aim, the American Academy of Hospice and Palliative Medicine will focus its advocacy efforts on:

• **developing an adequate, well-trained hospice and palliative care workforce** to ensure access to quality care for the expanding population of patients with multiple chronic conditions or life-limiting or serious illness, as well as their families.

• **maintaining and expanding access to and delivery of hospice and palliative medicine services** in all clinical settings and emerging payment models, including reimbursement for physician time spent in patient/family consultation to determine patient goals and align treatment, such as advance care planning.

• **increasing funding for hospice and palliative care research** and education to strengthen clinical practice and improve health care delivery for patients living with multiple chronic conditions or life-threatening or serious illness, as well as their families.

• **ensuring timely access to prescription medications** (e.g. certain federally-controlled substances, such as opioid analgesics) for patients with medically appropriate indications, including collaborating with professional, regulatory and industry stakeholders to reduce the frequency and adverse impact of national drug shortages.

• **promoting patient safety** by advancing palliative care in national quality strategies; promoting recognition that care coordination and multidisciplinary teams are essential for improving care; advocating for involvement of patients and their families in the design, delivery, and evaluation of care; and encouraging and participating in the ongoing development of strategies that help reduce prescription medication diversion and misuse.

**Please list emerging issues within your organization that the CoC should become engaged/involved in:**

• Development of QOL outcomes measures

• Increased palliative medicine research

• More timely referral to hospice and palliative care services

*Submitted by:* Geoffrey P. Dunn, MD FACS

*Date:* March 29, 2013
Cancer Care Initiatives – 2013

Organization Name: American Academy of Pediatrics

Year Joined the CoC: 1967

Mission Statement: To attain optimal physical, mental and social health and well-being for all infants, children, adolescents and young adults. To this purpose, the AAP and its members dedicate their efforts and resources.

Website: www.aap.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):
1. Edwin Forman, MD FAAP serves as the Section on Hematology/Oncology Liaison to the Alliance for Childhood Cancer
2. Revision of two policies will be completed this year: "Guidelines for Pediatric Cancer Centers" and the technical report regarding, "Preservation of Fertility in Pediatric and Adolescent Patients With Cancer"

Recently Released Publications and/or Products:
1. There were 8 cancer related papers presented in the Section on Surgery Scientific Sessions at the AAP National Conference and Exhibition in New Orleans in October 2012. These papers will be published in the Journal of Pediatric Surgery this spring.
2. An article in the October, 2012 AAP News Focus on Subspecialties column, “Web tool helps tailor follow-up care of childhood cancer survivors" was authored by Drs. Marc E. Horowitz, Michael Fordis and David G. Poplack

Scheduled Conferences/Meetings/Educational Programs (please include title(s), date(s), and location(s):

American Academy of Pediatrics National Conference & Exhibition will be held October 25-29, 2013 in Orlando, Florida.

In addition to the Section on Surgery, which regularly holds cancer-related sessions at the AAP National Conference and Exhibition, the AAP Section on Hematology/Oncology is sponsoring the session for the general pediatrician, “Long-term Care of Pediatric Cancer Survivors”.

Please briefly describe your legislative/advocacy agenda:
The American Academy of Pediatrics (AAP) and the American Society of Pediatric Hematology/Oncology (ASPHO) have launched a new collaborative agreement that 1) combines the strengths of both organizations on behalf of children and 2) works to develop a subspecialty-specific advocacy agenda for the pediatric hematology/oncology community. The ASPHO Advocacy Committee and the AAP Department of Federal Affairs have outlined an advocacy plan that address issues important to pediatric hematology/oncology physicians:
- care and treatment of children with sickle cell disease
• impact of drug shortages on the care of children with cancer
• access to pediatric subspecialty care through adequate payment
• protecting federal funding for the Children's Hospital Graduate Medical Education (CHGME) program as well as Medicare-funded GME
• funding for hematology/oncology research

Please list emerging issues within your organization that the CoC should become engaged/involved in:

The AAP Department of Federal Affairs continues to monitor and address the drug shortage issue at the federal level and its impact on pediatricians and their patients. The Food and Drug Administration Safety and Innovation Act (FDASIA), signed into law on July 9, 2012, included a provision requiring the formation of a task force to develop and implement a strategic plan for enhancing the FDA's response to preventing and mitigating drug shortages. The AAP advocated for this provision in FDASIA along with requirements intended to reduce drug shortages as children have been disproportionately impacted by serious shortages of life-saving therapies. In accordance with FDASIA, the FDA has established an internal Drug Shortages Task Force to develop and implement this strategic plan. As part of the public comment process, Academy members were given the opportunity to submit their input regarding the prevention and mitigation of both drug and biologic product shortages.

Ongoing debates over the federal budget in Congress have put programs important to children with cancer at risk. For example, sequestration threatens to seriously impact research in pediatric cancer. Deficit reduction will continue to be hotly debated in Washington, and necessary programs for children such as Medicaid could be vulnerable to cuts in any deficit reduction legislation.

The Affordable Care Act contained a provision raising Medicaid payment rates to Medicare levels for certain E&M and vaccine administration codes through 2014. This went into effect on January 1, 2013 and eligible providers must sign up in order to receive the increased payments. The goal of this provision is to improve access to patients on the Medicaid program. Pediatric hematologists-oncologists are generally eligible for this program and efforts must be made to ensure that they sign up for the payment increase. We hope to show that the payment increase can allow physicians to take more Medicaid patients, allowing us to make the case to Congress that this valuable program should be continued beyond 2014.

Submitted by: Jed G. Nuchtern, M.D., FACS, FAAP

Date: April 1, 2013
**Organization Name:** American Cancer Society

**Year Joined the CoC:** 1953

**Mission Statement:** The American Cancer Society is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service.

**Website:** www.cancer.org

---

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

**Lung Cancer/Tobacco Control:**
- Increase tobacco excise taxes in all jurisdictions including increasing the federal excise tax
- Increase percentage of the population covered by comprehensive smoke free laws, with the goal of comprehensive, non-preemptive federal smoke free law
- Develop lung cancer screening guidelines

**Nutrition and Physical Activity**
- Promote environmental change that will improve nutrition and physical activity and advocate for related legislative policy at all levels of government

**Colorectal Cancer**
- Increase interventions to reduce colorectal cancer death rates in specific communities that have the highest colorectal cancer death rates

**Breast Cancer**
- Increase interventions to reduce breast cancer death rates in specific communities that have the highest breast cancer death rates

**Survivorship and Quality of Life**
- Provide multi-channel resource navigation options
- Increase delivery of services (direct and indirect) to reduce barriers to receiving care

**Access to Care (This outcome cuts across all areas)**
- Implement key provisions of the Affordable Care Act related to (a) prevention; (b) patient-based coverage and delivery reforms; (c) establishment of state-based insurance exchanges; (d) essential benefit packages; (e) Medicaid; and (f) Medicare
Recently Released Publications and/or Products:


- The "Annual Report to the Nation on the Status of Cancer, 1975-2009" was released to the January 7, 2013. The report was published in the Journal of the National Cancer Institute (JNCI). The report provides an update of cancer incidence rates (new cases), death rates, and trends in the United States. The American Cancer Society, the National Cancer Institute, the Centers for Disease Control and Prevention, and the North American Association of Central Cancer Registries collaborate to create the report, which has been published since 1998.

- *Advocacy Accomplishments 2012: Year in Review* is a joint publication of the American Cancer Society and the American Cancer Society Cancer Action NetworkSM (ACS CAN). This annual report provides a comprehensive summary of ACS CAN and Society legislative, policy, grassroots, regulatory, litigation and media advocacy achievements.

- *Catalyst for Cures: How Federally Funded Cancer Research Saves Lives*, details the role federal funding for the National Institutes of Health (NIH) plays in advancing new discoveries in laboratories and cancer research centers across the country. The ACS CAN report also features federally funded scientists and collaborative work that has led to progress in the fight against specific cancers and shows the impact federal investment in cancer research has on the U.S. economy.

- *Staying Well: Real Stories from the Prevention and Public Health Fund*, an ACS CAN report, features lifesaving programs in 17 states and communities that benefit from the Prevention and Public Health Fund, created by Congress in 2010 as part of the Affordable Care Act. The report showcases specific Prevention Fund grantees that are making a difference in the health of their communities with data-driven, collaborative and sustainable solutions.

- *How Do You Measure Up?: A Progress Report on State Legislative Activity to Reduce Cancer Incidence and Mortality*, released by ACS CAN, evaluates all 50 states on their progress towards various cancer control legislative and policy benchmarks. The annual report identifies and ranks specific policy actions that state legislatures can enact to prevent and control cancer, including adequate breast and cervical cancer early detection program funding, colorectal cancer screening coverage laws, comprehensive smoke-free laws, tobacco prevention program funding, and increased tobacco taxes.

Scheduled Conferences/Meetings/Educational Programs (please include title(s), date(s), and location(s)):

- The American Cancer Society Cancer Action Network (ACS CAN) will bring together some of the nation’s leading health care experts for an inaugural conference on February 28 that will center on a discussion of how to ensure that people with cancer and other chronic diseases get quality health care.

  The day-long event, known as the *National Forum on the Future of Health Care*, will examine provisions of the Affordable Care Act that require all health plans to offer patients a minimum standard of benefits, also known as essential health benefits, starting in 2014. The discussion taking place during the conference will give ACS CAN and the public insight on how to ensure these provisions work for people with cancer.

- National Board of Directors Meeting,& 100th Birthday Celebration, May 21 – 24, Atlanta, GA
- National Board of Directors Meeting, August 13 - 16, Atlanta, GA
- National Board of Directors Meeting, November 12 - 15, Atlanta, GA

Please briefly describe your legislative/advocacy agenda:
Advocate for improvements in public policy that support access to and quality of the full continuum of cancer care, from maintaining healthy lifestyles, early detection and screening through treatment and survivorship

Ensure strong implementation of key patient provisions of the Affordable Care Act, and support other policies that improve access to adequate, affordable health care

Continue comprehensive tobacco control efforts at the local, State, and Federal levels of government, as well as Internationally

Protect federal funding for cancer research and prevention programs

Please list emerging issues within your organization that the CoC should become engaged/involved in:

- Protecting the FDA’s oversight of tobacco products.
- Increasing enrollment in CPS-3
- Ongoing disparities in cancer diagnosis and survival rates make efforts to ease the cancer burden among racial and ethnic minorities and the medically underserved more critical than ever
- Improving and expanding access to care for cancer-related services
- Influencing investments by communities in quality of life services
- Translating research into discovery and community action

Submitted by: Kathryn O’Toole, Kathryn.O’Toole@cancer.org
Date: March 22, 2013
**Organization Name:** American College of Obstetricians and Gynecologists

**Year Joined the CoC:** 1966

**Mission Statement:** The mission of the American College of Obstetricians and Gynecologists is to advance women’s health through education, advocacy, practice and research.

**Website:** www.acog.com

---

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- Continued partnership with Society of Gynecologic Oncology (ACOG-SGO Liaison group and reciprocal liaisons between the College and SGO committees—Robert V. Higgins, MD, Committee on Gynecologic Practice and Karen Lu, MD, Committee on Practice Bulletins-Gynecology). Additionally, Daniel Clarke-Pearson, MD serves as the gynecologic oncology subspecialty representative to the College’s Executive Board.
- Staff participated in the review committee and abstract review committee for the March 2013 Dialogue for Action on Cancer Screening: Hitting the Targets! College staff moderated a session.
- Participating in Allied Support Group of the Foundation for Women's Cancer.
- Established in June 2011, the Women’s Health Registry Alliance serves to provide a central, collaborative home for registries that seek to improve women’s health outcomes. Endometrial cancer is one of the areas on which the registry project will focus.

**Recently Released Publications and/or Products:**

- Patient Education Pamphlet AP163, “Cancer of the Cervix” (January 2013)
- Patient Education Pamphlet AP007, “Reducing Your Risk of Cancer” (January 2013)
- Patient Education Pamphlet AP085, “Cervical Cancer Screening” (January 2013)
- Patient Education Pamphlet AP178, “Screening for Breast Problems” (March 2012)
- Practice Bulletin #131, “Screening for Cervical Cancer” (November 2012)
- Committee Opinion #534, “Well-Woman Visit” (August 2012)
- Committee Opinion #527, “Personalized Genomic Testing for Disease Risk” (June 2012)

**Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), abstract submission deadline(s) and location(s)):

- ACOG 61st Annual Clinical Meeting, New Orleans, May 4-8, 2013
- Quality and Safety for Leaders in Women's Health Care, Washington, DC, April 4-6, 2013

**Please briefly describe your legislative/advocacy agenda, if applicable:**

- Ensure full implementation and protection of preventive services for women authorized in the Women’s Health Amendment of the Patient Protection and Affordable Care Act
- Continue to support comprehensive funding for:
• National Breast and Cervical Cancer Early Detection Program (NBCCEDP);
• Medicaid Breast and Cervical Cancer Prevention Treatment (BCCPT);
• Title X Family Planning
• Research at the National Institutes of Health, including the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), and the National Cancer Institute; and
• CDC Programs on Human Papillomavirus (HPV) Immunization, Cervical Cancer, and Ovarian Cancer Programs.

• Support the Ovarian Cancer Research Program in the Department of Defense appropriations bill.
• Participate in the One Voice Against Cancer coalition, working for adequate budget resources for cancer research at the NIH, cancer prevention and control programs at the CDC, and other cancer programs at HRSA and the Office of the HHS Secretary.
• Support for HRes 94 and SRes 60, the Women’s Health Resolution, calling for access to and coverage of preventive services, including breast and cervical cancer screenings
• Liaison partner to National Cancer Advisory Board

Please list emerging issues within your organization that the CoC should become engaged/involved in:
• Implementation of health care reform, particularly the women’s health amendment, and the testing of a women’s medical home through the CMS Innovation Center.
• Many states have been introducing, and in some cases passing, legislation requiring notification of possible need for further testing to women with dense breasts who have received a mammogram. Several ACOG sections and districts have opposed this legislation, and it is expected that this type of legislation will intensify at both the state and federal level.

Submitted by: Dr. Benjamin E. Greer
Date: May 31, 2013
**Organization Name:** American College of Oncology Administrators/American Academy of Medical Administrators

**Year Joined the CoC:** 1993

**Mission Statement:** To bring together all components of oncology management to develop quality educational programs, provide sound evaluation mechanisms, assist in response to national issues and foster a climate of formal and informal exchange among members.

**Website:** www.aameda.org

---

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

- Formation of a Quality Metric Work Group to support education and training in quality metrics to build administrative leaders well versed in quality metric development and to assist administrators in preparing for future performance expectations.
- Offering quality educational programs through annual conferences and webinars.
- Expanding partnerships and collaborating with other oncology focused organizations.
- Strengthen ACOA through recruitment of new members.
- Expansion of tools and resources for members to advance their oncology programs.
- Encourage awareness of best practices and of management solutions through live and online communication opportunities.

**Recently Released Publications and/or Products:**

- AAMA issues a monthly e-newsletter covering current professional issues and Academy news.
- The *AAMA Executive Online* provides information to keep AAMA members current through peer-reviewed healthcare articles, book reviews, etc. This electronic publication is published four times yearly.
- The *ACOA Communique*, a bi-monthly e-newsletter, covers ACOA news and oncology administration resources and information.
- Edu-Link on-line learning provides opportunities for continuing education programs via webinar and on-demand for health care professionals and administrators.

**Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), and location(s)):

- 2013 AAMA Annual Conference, Nov.19-22 2013, Bally’s Las Vegas, NV with a focused track for service line administrators, including oncology. Agenda under development.

**Please list emerging issues within your organization that the CoC should become engaged/involved in:**

- Continue to partner and support ACOA initiatives

**Submitted by:** Susan Van Loon

**Date:** April 2, 2013
Organization Name: American College of Radiology

Year Joined the CoC: 1953

Mission Statement: The mission of the American College of Radiology is to improve the health of patients and society. Our goal is to maximize the value of radiology and radiologists by: 1) advancing the science of radiology, 2) improving radiological service to the patient, 3) studying the socio-economic aspects of the practice of radiology and; 4) encouraging improved and continuing education for radiologists and allied professional fields.

Website: www.acr.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

- **Radiation Therapy Oncology Group (RTOG):** The group’s investigators continue to develop trials that rigorously evaluate the integration of optimized radiotherapy with new classes of anticancer therapies and test hypotheses related to biomarker and quality of life research. RTOG has affiliated with the National Surgical Adjuvant Breast and Bowel Project (NSABP) and the Gynecologic Oncology Group (GOG) to conduct future oncologic trials under NRG Oncology. NRG Oncology leadership submitted a grant proposal to the NCI in January 2013 to be one of the four adult cancer clinical trials research groups to participate in its National Clinical Trials Network anticipated to launch in March 2014.

RTOG has over 40 trials currently accruing patients and activated seven new trials in 2012 to include:
  - **RTOG 1106/ACRIN 6697:** Randomized Phase II Trial of Individualized Adaptive Radiotherapy Using During-Treatment FDG-PET/CT and Modern Technology in Locally Advanced Non-Small Cell Lung Cancer (NSCLC)
  - **RTOG 1012:** Phase II Randomized Trial of Prophylactic Manuka Honey for the Reduction of Chemoradiation Therapy Induced Esophagitis-Related Pain During the Treatment of Lung Cancer - RTOG CCOP Study
  - **RTOG 1115:** Phase III Trial of Dose Escalated Radiation Therapy and Standard Androgen Deprivation Therapy (ADT) with a GnRH Agonist vs. Dose Escalated Radiation Therapy and Enhanced ADT with a GnRH Agonist and TAK-700 for Men with High Risk Prostate Cancer
  - **RTOG 1122:** Phase II Double-Blinded Placebo-Controlled Study of Bevacizumab With or Without AMG 386 in Patients With Recurrent Glioblastoma or Gliosarcoma

- **American College of Radiology Imaging Network (ACRIN):** The group’s focus continues to be one of evaluating functional and molecular imaging with 10 actively accruing trials. ACRIN completed the steps to merge its oncologic imaging program with the Eastern Cooperative Oncology Group (ECOG) and to conduct future oncologic trials under ECOG-ACRIN Cancer Research Group. ECOG-ACRIN leadership submitted a grant proposal to the NCI in January 2013
to be one of the four adult cancer clinical trials research groups to participate in its National Clinical Trials Network anticipated to launch in March 2014.

ACRIN has over 10 trials actively enrolling participants and activated five trials in 2012 to include:

- **ACRIN 6701**: Repeatability Assessment of Quantitative DCE-MRI and DWI: A Multicenter Study of Functional Imaging Standardization in the Prostate
- **ACRIN 7151**: Incidence and Significance of Extracolonic Findings on CT Colonography: Retrospective Analysis of National CT Colonography Trial Data
- **ACRIN 6698**: Diffusion Weighted MR Imaging Biomarkers for Assessment of Breast Cancer Response to Neoadjuvant Treatment: A sub-study of the I-SPY 2 TRIAL (Investigation of Serial Studies to Predict Your Therapeutic Response with Imaging And moLecular Analysis)
- **ACRIN 4703**: Detection of Early lung Cancer Among Military Personnel Study 1 (DECAMP1): Diagnosis and Surveillance of Indeterminate Pulmonary Nodules

- **National Oncologic PET Registry (NOPR)**: The Centers for Medicare and Medicaid Services (CMS) recently proposed removing its longstanding requirement that FDG-PET scans of patients with solid tumors be reported to the NOPR. If the proposal is approved, providers of PET scans will no longer have to report data to the NOPR for reimbursement. Over 200,000 cases have been submitted to the registry from nearly 2,000 facilities.

The National Oncologic PET Registry for 18 Sodium Fluoride (NaF-PET) scans will continue collecting registry data. Begun in February 2011, the primary objective is to assess the effect of NaF-PET on how physicians manage the care of their Medicare patients. The project seeks to answer questions about whether NaF-PET results in physicians changing patient care to more appropriate palliative or curative care. Over 18,000 cases have been submitted to the registry from over 800 facilities.

- **Breast Imaging Centers of Excellence**
  Breast imaging centers that are accredited in mammography, stereotactic breast biopsy and breast ultrasound and biopsy qualify for the designation as a Breast Imaging Center of Excellence. As of March 2013, 1019 centers had achieved this distinction.

- **National Mammography Database**
  As of March 2013, there are 120 sites participating in the registry and data from nearly 4.4 million cases have been submitted.

- **ACR Radiation Oncology Accreditation Program**
  As of summer of 2012 the Radiation Oncology Accreditation Program is no longer joint with ASTRO. It is solely under the auspices of the ACR. There are currently 448 accredited radiation oncology accreditation sites and there are another 123 pending site surveys.

**Recently Released Publications and/or Products:**

- **RTOG Sample 2012 Publications**


- ACRIN Sample 2012 Publications


Scheduled Conferences/Meetings/Educational Programs (please include title(s), date(s), abstract submission deadline(s) and location(s):
  - Education Center: CT Colonography, May 15-17, Reston, VA
  - Education Center: Breast Imaging Boot Camp, April 18-20, July 30-August 1, October 31-November 2, Reston, VA
  - Education Center: Breast MRI, April 29-30, August 5-6, November 4-6, Reston, VA
  - Education Center: ACR – Dartmouth PET/CT, June 17-19, September 9-11, December 16-18, Reston, VA
  - Imaging Researchers’ Workshop, October 4, Arlington, VA
  - ECOG-ACRIN Annual Meeting, November 9-11, Atlanta, GA
  - RTOG Semi-Annual Meeting, January 24-27, San Diego, CA

Please briefly describe your legislative/advocacy agenda:
Mo-99/Tc-99m Availability-Molybdenum-99 (Mo-99), the parent isotope of Technetium-99m (Tc-99m), is used in approximately 40,000 diagnostic medical procedures every day in the U.S. and is an important tool in the diagnosis and staging of cancer. Although the U.S. consumes roughly half the world’s supply of Mo-99, we currently do not commercially produce this material domestically. The primary sources of all Mo-99 used in the U.S. are a few reactors that are nearly 50 years old and that are expected to be phased out within the next few years. U.S. access to Mo-99 has been disrupted on multiple occasions, causing
significant supply crises and putting patient access to this important diagnostic and staging tool at risk. ACR, along with other fellow stakeholders, have advocated in both the legislative and regulatory arenas to ensure a reliable supply of Mo-99/Tc-99m.

a. **American Medical Isotope Production Act of 2011**
   The American Medical Isotope Production Act of 2011 (S. 99) was included and passed by Congress as part of the National Defense Authorization Act for FY 2013. The legislation will provide federal support for activities to commercially produce Mo-99 using alternatives to highly enriched uranium (HEU).

b. **White House OSTP Meetings on Mo-99 Production and Supply**
   The White House Office of Science and Technology Policy (OSTP) hosted several meetings on Mo-99 production and availability in which we participated. The meetings featured representatives of OSTP, Department of Energy/National Nuclear Security Administration, Centers for Medicare and Medicaid Services, Nuclear Regulatory Commission, Nuclear Energy Agency, GE Hitachi, Covidien, Lantheus Medical Imaging, Northstar, and the specialty and trade associations. Discussions included the relicensing and planned maintenance shutdown of the National Research Universal (NRU) reactor in Canada, conversion of the High Flux Reactor (HFR) in the Netherlands in 2015, decommissioning of NRU reactor and the OSIRIS reactor in 2016, status of the DOE/NNSA cooperative agreements with companies exploring domestic production using low enriched uranium (LEU) and other alternatives to HEU, and the international community’s ultimate objective to support full-cost recovery, and non-HEU based production.

- **Medicare Coverage for Virtual Colonoscopy screening (CTC)-** The ACR supports efforts to require Medicare coverage for CT Colonography Screening (CTC), which is also commonly referred to as “Virtual Colonoscopy screening.” On March 6, 2013, Representatives Ralph Hall (R-TX) and Danny Davis (D-IL) took the first step in mandating Medicare cover virtual colonoscopies by introducing H.R. 911, the CT Colonography Screening for Colorectal Cancer Act. Referred to the House Committees of Ways and Means and Energy and Commerce, ACR is working with the Colon Cancer Alliance (CCA), COLONTOWN- a colorectal disease patient/survivor support group-, and other key stakeholders, to gain bipartisan cosponsors in support of this important legislation.

   To date, no Senate companion bill has been introduced. ACR and other key stakeholders are working with Members of the Senate to introduce a similar bill in this particular chamber.

**Please list emerging issues within your organization that the CoC should become engaged/involved in:**

The ACR would look to the Commission for support for screening for breast and colon cancer. Once the cost-benefit analysis has been published for CT lung cancer screening we would also look to the Commission for support of appropriate screening.

**Submitted by:** Carol Lee, MD, FACR  
Louis Potters, MD, FACR  
Pamela A. Wilcox, RN, MBA  
Nancy Fredericks  
Christopher Shearin

**Date:** March 18, 2013
Organization Name: American College of Surgeons Resident and Associate Society

Year Joined the CoC: 2008

Mission Statement: The American College of Surgeons Resident and Associate Society (ACOSRAS) was formed to benefit the surgeons of the future through involvement in activities of the College. The mission of the ACOSRAS is to: 1) familiarize residents and young surgeons in all surgical specialties with the College and its programs and leadership; 2) provide an avenue for participation in College affairs; 3) enable members to develop and use leadership skills in organized surgery; and 4) provide opportunities for the opinions and concerns of residents and young surgeons to be heard by the College leadership. While other medical societies have developed similar resident organizations, the ACOSRAS is the only surgical organization devoted to the concerns and needs of all surgical residents and young surgeons.

Website: www.facs.org/ras-acs

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):
- See http://www.facs.org/ras-acs/index.html

Recently Released Publications and/or Products:
- See http://www.facs.org/ras-acs/index.html

Scheduled Conferences/Meetings/Educational Programs (please include title(s), date(s), abstract submission deadline(s) and location(s):
- See http://www.facs.org/ras-acs/index.html

Please briefly describe your legislative/advocacy agenda, if applicable:
- See http://www.facs.org/ras-acs/index.html

Please list emerging issues within your organization that the CoC should become engaged/involved in:
- See http://www.facs.org/ras-acs/index.html

Submitted by: American College of Surgeons Resident and Associate Society
Date: March 2013
**Organization Name:** American Head and Neck Society

**Year Joined the CoC:** 1998

**Mission Statement:** To: 1) promote and advance the knowledge of prevention, diagnosis, treatment and rehabilitation of diseases of the head and neck; 2) promote advanced research of diseases of the head and neck and; 3) promote and advance the highest professional and ethical standards

**Website:** www.headandneckcancer.org

---

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):
- Quality measures development and implementation
- Head and Neck Cancer Awareness Week

**Recently Released Publications and/or Products:**
- None

**Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), and location(s)):

**Please briefly describe your legislative/advocacy agenda:**
- Collaborate with American Academy of Otolaryngology
- Collaborate with American College of Surgeons.

**Please list emerging issues within your organization that the CoC should become engaged/involved in:**
- None

**Submitted by:** Pierre Lavertu  
**Date:** March 18, 2013
Organization Name: American Hospital Association

Year Joined the CoC: 1978

Mission Statement: To advance the health of individuals and communities, the AHA leads, represents, and serves hospitals, health systems, and other related organizations and are accountable to the community and committed to health improvement.

Website: www.aha.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

- **Health care delivery transformation**: Improve hospital quality and organizational performance; innovate new health care delivery programs; expand coverage for the uninsured; and make meaningful reforms to the medical liability system. The AHA launched its Physician Leadership Forum in 2011 to increase focus toward these ends.

- **Physician/hospital collaboration**: Increase meaningful collaboration to deliver high quality, efficient care, and work seamlessly to guide the complex changes arising from health care reform; replace the flawed physician payment formula; harmonize hospital and physician quality measures; and eliminate burdensome reporting requirements.

- **Protect Medicaid**: Urge Congress not to reduce Medicaid coverage; advocate for greater flexibility in the Medicaid DSH program; prevent against overzealous and aggressive Recovery Audit Contractor payment denials; and advocate for expansion of the 340B Drug Discount Program to inpatient drugs for all hospitals.

- **Health Information Technology (HIT)**: Work with CMS to clarify requirements and ensure that the systems to register for meaningful use incentives and attest to meeting the requirements are usable; ensure that Meaningful Use Stage 2 timelines are reasonable and that it focuses on uses of an electronic health record (EHR) that are known to improve care; support physician adoption of EHRs; support the implementation of ICD-10; and advocate for uniform standardized transactions and administrative processes among health plans, clearinghouses and providers.

- **Workforce shortages**: Identify ways to ensure the workforce necessary to meet the primary care needs of patients in a community’s delivery system; focus on ways to redesign work to retain existing workers and attract a new generation of workers; define principles to address future roles of direct care providers; and advocate for efforts to expand hospitals’ flexibility to determine appropriate staffing patterns for health care workers.

- **Clinical integration**: Continue to urge antitrust agencies to issue user-friendly guidance on clinical integration programs; remove compensation arrangements from the Stark Law definition of “financial relationships” under the law; update the Civil Monetary Penalty Law to apply only to the reduction or withholding of medically necessary services; work for broader “safe harbor” language and core requirements that provide reasonable flexibility to hospitals and caregivers; advocate for IRS rules that recognize that clinical integration programs that reward private doctors for improving quality and efficiency do not violate IRS regulations.
Recently Released Publications and/or Products:
- The Economic Contribution of Hospitals, January 2013
- Workforce Roles in a Redesigned Primary Care Model, January 2013
- Issue Brief: Moving Towards Bundled Payment, January 2013

Scheduled Conferences/Meetings/Educational Programs (please include title(s), date(s), and location(s)):
- AHA Annual Membership Meeting, Washington, DC, April 28-May 1, 2013
- 26th Annual Rural Health Care Leadership Conference, Phoenix, AZ, February 9-12, 2014

Please briefly describe your legislative/advocacy agenda:
- **Doing the basics really well**…nuts and bolts legislative, regulatory and legal advocacy; telling the hospital story; and membership engagement/governance
- **Shaping the future**…delivery system reform; performance improvement (quality and patient safety); EHR implementation
- **Navigating the budget minefields**…reform not ratcheting
- **Moving forward on coverage expansions**…ACA implementation (state association support); Enroll America
- **Maintaining field unity**…area wage index; DSH re-design
- **Giving voice and seeking opportunities**…immigration reform (coverage and workforce); ACA DSH restorations; health dimension the gun debate
- **Seeking regulatory relief**…RACs; breaking down barriers to clinical integration; simplifying the Medicare Conditions of Participation
- **Developing innovative policy approaches**…access to capital; health care pricing/transparency; workforce credentialing; future of rural health care
- **Launching social media strategies**…AHA and Coalition to Protect America’s Healthcare

Submitted by: Charles Erlichman, MD
Date: April 2, 2013
Organization Name: American Joint Committee on Cancer

Year Joined the CoC: 1990

Mission Statement: To provide worldwide leadership in the development, promotion, and maintenance of evidence-based systems for the classification and management of cancer in collaboration with multidisciplinary organizations dedicated to cancer surveillance and to improving care.

Website: www.cancerstaging.org

Major Projects/Key Initiatives Underway:

- Preparations are underway for the 8th edition of the *Cancer Staging Manual*. The vision for the 8th Edition is to accommodate changes in cancer care and reflect current clinical practice, i.e., update based on the evidence available from the published literature, evidence-basis analyses, and other sources that impact the diagnosis and treatment of cancer. The 8th edition content will be developed and deployed in a variety of formats that best meet the needs of the practicing clinician, as well as needs of patients and coordinated with needs of the cancer registry system, and are supported by the publisher.

- Mahul Amin, MD, was selected to serve as Editor-in-Chief of the 8th edition. Dr. Amin is the first pathologist to serve in this position. Efforts are underway to develop an evidence-based review process for new content and a standardized authoring guide. By the end of 2013, Expert Panels will be formed and an orientation of Expert Panel Chairs will be convened in Chicago.

- The AJCC recently refined its brand story and will be launching a new logo and website this summer. As part of this initiative, a knowledge management system is in development, which will be called StageXchange. The purpose of the project is to fully integrate and harmonize AJCC content within a KMS. StageXchange will provide flow through of intellectual content from over 300 individuals involved in authoring the Cancer Staging Manual to the Collaborative Stage (CS) Data Collection System Mapping Team responsible for CS schema development and data collection in the cancer surveillance community.

- The AJCC Molecular Modeler Work Group (MMWG) recently completed a project to identify emerging important prognostic and predictive factors for five cancer sites through a survey of experts and a systematic literature review and application of quality criteria developed by the MMWG. Information on the scope and quality of existing prognostic or predictive tools was captured. The study findings will be presented during a poster presentation at ASCO 2013. A series of journal articles are also planned to report on the site-specific findings.

- The Lexicon Project, a collaborative effort with the Union for International Cancer Control (UICC) will define a common language or taxonomy of terms and concepts used in the cancer staging system. Two work groups, the Anatomic Stage Work Group and the Tumor Profile Work Group are working to categorize terms and concepts related to the extent of disease, and non-anatomic characterization of the tumor, respectively. The consensus definitions that result from this effort and will be reviewed and vetted by the respective 8th edition expert panels, and ultimately incorporated into the 8th edition staging system. Preliminary work was presented at the World
Cancer Congress in Montreal in August 2012. Publication of a white paper is also planned for summer 2013.

- The AJCC continues to serve as the administrative sponsor of the Collaborative Stage Data Collection System (CS). Development of version release 02.05 is scheduled for Fall 2013.
- The CS Governance Committee is evolving a concept to produce a version of CSv2 called CS Lite, which will simplify staging through reduction in data item code values and collapsing of stage categories within the CS system. Proof-of-concept prototype demonstrations have been developed for high impact cancer sites. Registrar focus groups will be convened to solicit feedback on the proposed simplification.

**Recently Released Publications and/or Products:**

- The Second Edition *Cancer Staging Atlas* was released in June 2012.
- The AJCC YouTube Channel continues to deliver free cancer staging education through this easily accessible platform. The AJCC has posted recordings of the popular Staging Moments as YouTube videos and Collaborative Stage videos for the registry community.
- The Collaborative Stage Education and Training Team is developing content for brief educational presentations, titled *Stage Coach*. These highly-focused presentations are designed to address specific coding challenges or issues that have been frequently noted in various registrar forums.
- Version 02.05 of the Collaborative Stage Coding Instructions will be released in Fall 2013. This updated release for all 2014 cases includes refinement to codes and text from the previous 02.04 release. This version also includes hyperlinks between the instructions and the site-specific schemas. This will facilitate navigation through the voluminous Coding Instructions in a quicker and more efficient manner.
- The AJCC Cancer Staging Posters are undergoing significant revisions. The goal of this project is to revise the content of our existing staging posters – as well as create posters for new sites – so that physicians may use them as illustrative tools during patient consultations. Jargon, endnotes, and outdated images will be removed in favor of larger anatomical images that physicians can use to illustrate specific tumor location and annotate, during consultation, according to the patient’s disease. Quick Response (QR) codes will be added to each poster in order to direct patients to the American Cancer Society patient information site for the specific disease.

**Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), abstract submission deadline(s) and location(s)):

- AJCC Annual Conference September 11-13, 2013
- ACoS Clinical Congress October 6-10, 2013

Submitted by: Laura Meyer, AJCC Education and Product Development Administrator
Date: April 9, 2013
Organization Name: American Medical Association

Year Joined the CoC: 1966

Mission Statement: The mission of the American Medical Association is to promote the art and science of medicine and the betterment of public health.

Website: www.ama-assn.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):
As the nation's health care system continues to evolve, the AMA is dedicated to ensuring sustainable physician practices that result in better health outcomes for patients. This work is captured in the AMA's five-year strategic plan, which aims to ensure that enhancements to health care in the United States are physician-led, advance the physician-patient relationship, and ensure that health care costs can be prudently managed. The AMA's plan emphasizes three core areas of focus:

- Improving health outcomes
- Accelerating change in medical education
- Enhancing physician satisfaction and practice sustainability by shaping delivery and payment models

Recently Released Publications and/or Products:
The JAMA Network is the first mobile application to provide access to the content from all 10 medical journals – JAMA and the 9 specialty journals. Through a variety of innovative tools, The JAMA Network provides the insights that matter most to medical research and practice. Building on a tradition of editorial excellence, The JAMA Network brings JAMA together with the nine JAMA specialty journals to offer enhanced access to the research, reviews, and perspectives shaping the future of medicine. AMA members can access the online content and features of JAMA and nine specialty journals (1998-present), including CME, free of charge.

American Medical News is the print and online news source for physicians published by the American Medical Association. No other single publication covers the same spectrum of medical news. American Medical News is intended to serve as a credible forum for information affecting physicians and their practices.

Scheduled Conferences/Meetings/Educational Programs (please include title(s), date(s), abstract submission deadline(s) and location(s):
AMA Annual Meeting, June 15-19, 2013, Chicago, IL
AMA Interim Meeting, November 16-19, 2013, National Harbor, MD

Please briefly describe your legislative/advocacy agenda, if applicable:
The AMA is aggressively involved in advocacy efforts related to the most vital issues in medicine today, including medical liability reform, Medicare physician payment reform, expanding coverage for the uninsured and increasing access to care, improving the public health, managed care reform, and others.
The AMA advocates for America's physicians before Congress and the Administration in the Nation’s capital. To assure that medicine has a cohesive voice in Washington and in order to achieve its legislative goals, the AMA often works with members of the house of medicine and other health organizations to develop positions, messages, and strategies on issues of shared concern.

Submitted by: Paul E. Wallner, DO  
Date: 4/9/2013
Organization Name: American Pediatric Surgical Association

Year Joined the CoC: 1991

Mission Statement: To: 1) encourage specialization in the field of pediatric surgery and in other ways, to make available to more people the benefits to be derived from the services of qualified pediatric surgeons; 2) promote and maintain the quality of education in pediatric surgery through meetings, lectures and the distribution of printed materials; 3) raise the standards of the specialty by fostering and encouraging research and scientific progress in pediatric surgery, and by establishing standards of excellence in the surgical care of infants and children and; 4) provide a forum for the dissemination of information with regard to pediatric surgery and to present the common interest of pediatric surgeons in the area of socio-economic policy development.

Website: www.eapsa.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

• This year the annual APSA meeting will be held in Marco Island, FL May 02-05, 2013 and will include the following:
  • Invited presentations on basic science and clinical aspects of pediatric oncology.
  • A special session on Palliative Care
  • A Cancer Committee meeting with agenda items to include development of a position statement, updating the ASPA link to the COG site and planning the joint meeting in 2014 with IPSO.
• ASPA update on pediatric surgical oncology distributed annually to the membership.
• Maintaining a link to the Children’s Oncology Group website through the APSA website which includes special sections specifically dedicated to surgical considerations for all of the disease types.

Recently Released Publications and/or Products:


**Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), and location(s):

- Annual APSA meeting, May 2 – May 5, 2013, Marco Island, FL

**Please briefly describe your legislative/advocacy agenda:**

- None

**Please list emerging issues within your organization that the CoC should become engaged/involved in:**

- None

*Submitted by:* Elizabeth A. Beierle, MD, FACS

*Date:* March 20, 2013
Organization Name: American Psychosocial Oncology Society

Year Joined the CoC: 1999

Mission Statement: The mission of American Psychosocial Oncology Society is to advance the science and practice of psychosocial care for people with cancer. This includes the following objectives: (a) providing a forum for professionals and individuals interested in the areas of psychological, social, behavioral, and spiritual aspects of cancer; (b) raising the level of awareness of health professionals and the public about the psychological, social, behavioral, and spiritual domains of care for patients with cancer; (c) developing and implementing educational programs for health professionals, patients, and the public on the psychological, social, behavioral, and spiritual aspects of cancer; (d) developing standards of care for the management of the psychological, social, behavioral, and spiritual domains of cancer; (f) assuring attention to the psychological, social, behavioral, and spiritual domains in the evaluation of the quality of care for patients with cancer by regulatory agencies; (g) exploring innovative methods to enhance the recognition and treatment of psychological, social, behavioral, and spiritual aspects of cancer; (h) promoting education and training of health professionals in the psychological, social, behavioral, and spiritual domains of cancer and; (i) addressing the special needs of children, the elderly, and the underserved.

Website: www.apos-society.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

- Promote key messages and standing as the authority on psychosocial oncology in the United States.
- Promote the recommendations of the 2007 Institute of Medicine Report, Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs.
- Promote the QOPI and ACoS standards for psychosocial distress screening.
- Collaborate with other national and international organizations to further the APOS mission.
- Further expand and promote special interest groups (SIGs) and SIG activities.

Recently Released Publications and/or Products:

APOS Webinar Series: 90-minute live and recorded lectures offered quarterly

- Patient-Centered Survivorship Care: Meeting the Requirements for New and Existing Programs (December 2012)
- Antidepressant Medication Use in Cancer Patients: What Adult and Pediatric Psychosocial Oncology Professionals Should Know (October 2012)
- Opportunities and Challenges in Implementing Screening Programs for Psychosocial Care in the Oncology Setting (May 2012)
- Funding for Psychosocial Oncology Programs: Practical Lessons From the Front Lines (November 2011)
Publications:

Scheduled Conferences/Meetings/Educational Programs (please include title(s), date(s), abstract submission deadline(s) and location(s):
APOS 11th Annual Conference, 13 - 15 February 2014: Tampa Convention Center, Tampa, FL
*Implementing Quality Care Standards for Psychosocial Oncology and Supportive Care*

Please briefly describe your legislative/advocacy agenda, if applicable:

Please list emerging issues within your organization that the CoC should become engaged/involved in:

The APOS Annual Conference has increasingly focused on topics relevant to the ACoS CoC Patient-Centered standards, including Distress screening, Survivorship Care Plans, and Patient navigation. APOS has formed a task force on implementing the Distress screening standard and is currently in the process of writing a position paper to provide guidance on standard implementation.

Submitted by: Lynne Wagner, Ph.D., APOS Member Representative;
Allison Ball, APOS Executive Director

Date: April 12, 2013
Organization Name: American Radium Society

Year Joined the CoC: 2008

Mission Statement: The mission of the American Radium Society is to promote the study of cancer in all of its aspects; encourages liaison among the various medical specialists and allied scientists concerned with the treatment of cancer; and continue scientific study of the treatment of the cancer patient through annual meetings and educational publications.

Website: www.americanradiumsociety.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):
- Increase involvement of Residents and Medical Students through abstract submission, attendance in the Annual Meeting and Essay Award and Travel Grant submission.
- Contribute to a global improvement in multidisciplinary care of cancer patients.
- Increase access to Self-Assessment Modules at the Annual Meeting and on website.
- Web-based Physician Practice Quality Initiative ongoing; certified by American Board of Radiology (ABR)

Recently Released Publications and/or Products:
- Proceedings, 93rd Annual Meeting (as Supplement to Oncology 2011; vol 25)
- Proceedings, 94th Annual Meeting (as Supplement to Oncology 2012; vol 26)
- Proceedings, 95th Annual Meeting (as Supplement to Oncology 2013; vol 27)

Scheduled Conferences/Meetings/Educational Programs (please include title(s), date(s), and location(s)):
- April 27–May 1, 2013; The Phoenician Scottsdale, AZ – ARS 95th Annual Meeting: Advancing Cancer Care Through Treatment and Biologic Innovation – Abstract Submission Closed
- May 2-6, 2015; Grand Hyatt Kauai, HI – ARS 97th Annual Meeting: Theme TBA – Abstract Submission Deadline November 14, 2014

Please briefly describe your legislative/advocacy agenda:
- We have refrained from formal legislative involvement because of the multidisciplinary nature of our constituency.
- ARS names a member of the ACR Board of Chancellors (3-year term)
- ARS names three of the six Radiation Oncology members of the ABR (4-year term renewable once)

Please list emerging issues within your organization that the CoC should become engaged/involved in:
• Continuing emphasis on the multidisciplinary nature of cancer therapy; mandating input from multiple sources prior to initiating therapy.
• Emphasis on evidence-based therapy in cancer
• Continuing emphasis on the role of Quality metrics in modern cancer care.

Submitted by: Jaclyn Weinstein, MTA
Date: April 1, 2013
Organization Name: American Society of Breast Surgeons

Year Joined the CoC: 2004

Mission Statement: The mission of the Society is to encourage the study of breast surgery, to promote research and development of advanced surgery techniques, to improve standards of practice for breast surgery in the United States, and to serve as a forum for the exchange of ideas. Membership is open to surgeons with a special interest in breast disease.

Website: www.breastsurgeons.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

- **Physician Education/14th Annual Meeting** - The Society’s annual meeting is designed to provide members with information on ground-breaking techniques and cutting edge procedures in breast care, as well as hands-on training. More than half the membership attends the annual meeting to hear experts present the latest research on breast disease and lead panel discussions on diagnostics, therapies and outcomes.

- **Mastery of Breast Surgery Program: A Continuing Quality Improvement Initiative** - The Society’s Mastery of Breast Surgery Program is a voluntary quality improvement initiative designed to help surgeons document their clinical performance of breast procedures, as well as their care of breast cancer patients and patients at risk for breast cancer. The program focuses on educational initiatives, participation in quality improvement measures, and ongoing outcomes analysis. It includes modules on surgery, cancer staging, percutaneous breast procedures, and risk assessment. Participating surgeons may choose which of the modules they want to use depending on their desired reporting needs and select a level of participation in each module, which defines the required reporting fields. The program has been recognized by the American Board of Surgery as an accepted quality improvement initiative for Maintenance of Certification - part 4. The Mastery Program also includes a qualified 2012 PQRS registry for reporting on PQRI measures on preoperative diagnosis of breast cancer, sentinel lymph node biopsy and image confirmation of successful excision of image-localized breast lesions. Since mid-2012, the Mastery program has provided surgeons the opportunity to earn CME credit online, free of charge, by reading select practice-specific journal articles and successfully answering corresponding questions. Participants are eligible to earn a maximum of 1 AMA PRA Category 1 CME Credit(s)™ per article toward fulfilling the requirements for the American Board of Surgery (ABS) MOC Part 2.

- **Breast Ultrasound Certification** - Through our Breast Ultrasound Certification Program, the Society recognizes individual surgeons who meet specific criteria related to clinical experience, training, and quality assurance in the use of ultrasound and ultrasound-guided procedures. To become certified, surgeons must successfully complete a written exam and clinical application. Our goal is to improve the quality of care for patients with breast disease by encouraging education and training for surgeons who utilize breast ultrasound. The Society offers breast ultrasound courses and workshops to help surgeons gain the requisite skills and to provide guidance in the certification application process.
• **Stereotactic Breast Procedures Certification Program** - Through our Stereotactic Breast Procedures Certification program, the Society recognizes individual surgeons who meet specific criteria related to clinical experience, training, and quality assurance in stereotactic breast procedures. To become certified, surgeons must successfully complete a written and practical exam as well as a clinical application. Our goal is to improve the quality of care for patients with breast disease by encouraging education and training for surgeons who perform stereotactic breast procedures. The Society offers stereotactic courses and workshops to help surgeons gain the requisite skills and to provide guidance in the certification application process.

• **Physician Education/Breast Fellowships** - The American Society of Breast Surgeons, in collaboration with the Society of Surgical Oncology and the American Society of Breast Disease, has developed comprehensive guidelines for training breast fellows and a mechanism for accreditation of programs that meet those guidelines.

• **Support of Clinical Research** - The American Society of Breast Surgeons encourages its members to become involved in clinical trials through our website which directs members to clinical trials resources. Additionally, the Society has established the largest compilation of data on the use of partial breast irradiation to treat breast cancer through our MammoSite Patient Registry. The Registry is a national data collection program designed to gather and analyze patient information on the use, complications, and outcomes in patients treated with MammoSite.

**Recently Released Publications and/or Products:**

• **Nipple Sparing Mastectomy Registry** - The Nipple Sparing Mastectomy Registry (NSMR) has been designed to facilitate compiling information on metrics utilized, techniques utilized, aesthetic outcomes, as well as oncologic outcomes of the Nipple Sparing Mastectomy. The registry will aim to provide a large prospective collection of data points specifically gathered to provide evidence based medicine on outcome measures and metrics utilized for the nipple sparing mastectomy. The registry is housed in the Mastery of Breast Surgery Program.

• **Statements**
  - Position Statement on Quality Measurement and Initiatives -- Approved February 15, 2012
  - Position Statement on Antibiotics and Surgical Site Infection -- Approved March 19, 2012
  - Position Statement on BRCA Genetic Testing for Patients with and without Breast Cancer -- Revised September 30, 2012

• **Journal**

**Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), abstract submission deadline(s) and location(s)):

- 14th Annual Meeting - May 1 - May 5, 2013 • Sheraton Chicago Hotel and Towers • Chicago, IL
- 15th Annual Meeting - April 30 – May 4, 2014 • Bellagio • Las Vegas, NV
  - Abstract deadline: November 12, 2013
- 16th Annual Meeting - April 29 - May 3, 2015 • JW Marriott Grande Lakes Resort • Orlando, FL

**Please briefly describe your legislative/advocacy agenda, if applicable:**

- Participation in CMS RVU update for breast-related CPT codes.
- Participation in coalition of specialty societies focused on repealing the Independent Payment Advisory Board provision of health care reform.
• Collaboration with other organizations to improve the quality of care for all breast disease patients. The Society has joined 22 other organizations led by the American College of Surgeons to advocate for access to high quality surgical care for all patients, address surgical workforce issues, Medicare physician payment and tort reform.
• Advocacy for continued physician training and certification managed by specialty societies and not through regulation by the federal government.
• Advocacy for meaningful Medicare reform, including a well structured physician fee schedule.
• Support of measures which increase patient access to and quality of care.

**Please list emerging issues within your organization that the CoC should become engaged/involved in:**

• Potential regulation of medical procedures, such as interventional mammography and ultrasound by the federal government. (Such actions may threaten patient access to these important procedures.)
• Pay for performance/quality measurement.

**Submitted by:** The American Society of Breast Surgeons

**Date:** March 4, 2013
Organization Name: American Society of Clinical Oncology

Year Joined the CoC: 1992

Mission Statement: The mission of the American Society of Clinical Oncology is to: 1) improve cancer care and prevention; 2) advance the education of physicians and other professionals in the care of patients with cancer and supporting the development of clinical cancer researchers; 3) foster communication among cancer-related medical subspecialties and the exchange of a wide range of ideas related to cancer, including its biology, prevention, diagnosis, staging, treatment, and psychosocial impact; 4) advocate public policy that ensures patient access to high-quality cancer care and that supports increased clinical cancer research and; 5) assist oncologists in addressing the challenges of the modern-day practice of oncology.

Website: www.asco.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

- **CancerLinQ.** CancerLinQ is ASCO’s multi-phase initiative to build a national Rapid Learning System for cancer care that promises to change the way cancer is understood and treated. In January 2013, ASCO completed the implementation of a CancerLinQ prototype which serves as a test-bed to inform the development of data standards, data governance, eMeasures, computable guidelines, and analytics; as well as assists in stakeholder engagement activities through its ability to demonstrate core CancerLinQ functionality. ASCO expects to begin a phased rollout of CancerLinQ’s core components in 2015.

- **Choosing Wisely.** In April 2012, ASCO released a Top Five List in Oncology as part of the American Board of Internal Medicine (ABIM) Foundation’s Choosing Wisely® campaign. The campaign was developed to stimulate dialogue among physicians, patients and other healthcare stakeholders about the overuse or misuse of medical tests and treatments that, according to available medical evidence, provide little clinical benefit and, in some cases, cause harm. A comprehensive dissemination effort was implemented in conjunction with the release of the Top Five List, which included publication of an article in JCO on the initiative, and posting of a corresponding Patient Summary of the list. Since that time, ASCO’s Quality Oncology Practice Initiative (QOPI) has begun to measure many of the practices addressed in ASCO’s Top Five List. These data will be used to benchmark practices and drive improvement. To more fully understand practice frequency of each of the Top Five practices, as well as economic impact, ASCO is seeking practice data from other sources as well.

Currently, ASCO is in the process of developing a second Top Five list for inclusion in a subsequent round of the ABIM Foundation’s Choosing Wisely Campaign. The lists in this round are expected to be released in early fall 2013.

- **Treatment Summary Interoperability Standards.** ASCO launched a project to develop an initial, high-priority set of clinical oncology templates for CDA for HL7 ballot, based on the long-standing ASCO Treatment Plan and Summary templates. This project will extend the initial, small set of data elements required for general meaningful use to cover elements crucial for cancer-care patients. This document
describes constraints on the CDA R2 header and body elements for the Clinical Oncology Treatment Plan and Summary document in the US Realm. The intent of the document is to communicate a basic set of patient oncology-related health status and treatment plan information between health care providers for an episode of care; it is a summary of plan and treatment received at the time the document was created. The Clinical Oncology Treatment Plan and Summary document will provide a limited summary of a patient’s care during and/or after treatment and serve as a form of on-going communication to augment the coordination of care between health care providers while a patient is receiving care.

- **Oncology Practice Data and Access to Care.** To date, no comprehensive source that provides a complete census, geographic distribution and practice arrangements across oncology in the U.S. In the face of health reform, it is critical to gain a clearer understanding of how oncology care is organized and delivered. This project helped to document the changing practice arrangements of oncologists today and into the future, and will be built upon annually. In addition, ASCO is completing a study with the University of Iowa to analyze data on location of cancer patients in the state of Iowa and where they seek treatment, as well as the location of medical and radiation oncologists. Results from the project will be submitted for publication and also inform a strategy for ASCO to conduct a similar analysis on a national basis.

- **Quality Oncology Practice Initiative (QOPI) and QOPI Certification Program.** Registration in the QOPI program has grown to more than 840 practices with nationwide representation. Participants include the full range of practice sites, including community, academic programs and hospital systems. Measures offered to participants include a recently added ovarian, fallopian tube, primary peritoneal module and measures to assess the Top Five List (Choosing Wisely®): Practices or interventions that are costly, widely used, and not supported by high-level clinical evidence. ASCO is preparing an EHR reporting option for QOPI in 2013.

There are currently 175 QOPI certified practices, representing 610 sites throughout the United States, including Hawaii. The number of applicants to the program continues to grow and stands at 222, which represents more than 1600 physician FTEs. In spring 2012, the program implemented 100% on-site review of practices applying for Certification.

- **Clinical Practice Guidelines, Provisional Clinical Opinions, and Guideline Endorsements**

  Using the best available evidence, ASCO expert guideline panels identify and develop practice recommendations for specific areas of cancer care. The key criteria for selecting topics for guidelines include significance of the clinical problem, perceived variations in clinical practice, and the availability of suitable data. ASCO has published 39 guidelines; there are another 11 in development and 8 being updated.

  In addition, ASCO has two additional avenues to provide clinical guidance to our members: the provisional clinical opinion, or PCO—to offer a rapid response to emerging data in clinical oncology—and the Guideline Endorsement. Thus far, ASCO has published five PCOs and three guideline endorsements. Another three guidelines are being considered for endorsement.

**Recently Released Publications and/or Products:**


Scheduled Conferences/Meetings/Educational Programs (please include title(s), date(s), abstract submission deadline(s) and location(s):

**ASCO Annual Meeting**  
May 31 - Jun 4, 2013  
Chicago, Illinois

**AACR/ASCO Workshop: Methods in Clinical Cancer Research**  
Vail, Colorado

**Best of ASCO® Chicago**  
Aug 9-10, 2013  
Chicago, Illinois

**Best of ASCO® Los Angeles**  
Aug 16-17, 2013  
Los Angeles, California

**Best of ASCO® Boston**  
Aug 23-24, 2013  
Boston, Massachusetts

**Breast Cancer Symposium**  
Sep 7-9, 2013  
San Francisco
Cancer Center Business Summit
Oct 24-26, 2013Dallas/Fort Worth, Texas

ASCO's Quality Care Symposium
Nov 1-2, 2013San Diego, California

Markers in Cancer
Nov 7-9, 2013Brussels, Belgium

Accelerating Anticancer Agent Development and Validation Workshop
May 8-10, 2013Bethesda, Maryland

Genitourinary Cancers Symposium
Feb 14-16, 2013Orlando, Florida

Gastrointestinal Cancers Symposium
Jan 16-18, 2014San Francisco, California
Please briefly describe your legislative/advocacy agenda, if applicable:

- ‘Deeming’ of specialty society registries as a replacement for PQRS and other federal reporting requirements
- Physician payment reform, including repeal of the SGR
- Pursuing/supporting legislation to ease drug shortages
- Ensuring adequate and stable funding for the National Institutes of Health and the National Cancer Institute
- Ensuring health equity for cancer patients including addressing issues of cost and parity for oral chemotherapy

Please list emerging issues within your organization that the CoC should become engaged/involved in:

- Collaborative Summit measure development activities; adoption of multidisciplinary quality measures in oncology
- Relationship between NCDB and QOPI
- Development and dissemination of oncology standards in EHRs
- Coordination of care across practice settings and specialty areas
- Quality of survivorship care
- Innovative models for care delivery, including bundled payments and specialty specific ACOs

Submitted by: Jennifer J. Griggs, MD, MPH and Lawrence N. Shulman, MD
Date: April 2, 2013
Organization Name: American Society of Plastic Surgeons

Year Joined the CoC: 2012

Mission Statement: The mission of the American Society of Plastic Surgeons is to support its members in their efforts to provide the highest quality patient care and maintain professional and ethical standards through education, research and advocacy of socioeconomic and other professional activities.

Website: www.plasticsurgery.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

- Breast Reconstruction Awareness--Breast Reconstruction Awareness Day, or BRA Day USA, is an initiative designed to promote education, fund research, and raise patient awareness and access to information regarding post-mastectomy breast reconstruction. In 2012, ASPS contracted with Singer/songwriter Jewel as a national spokesperson to help improve breast cancer patient awareness about breast reconstruction options. On October 17, 2012, the first ever National Breast Reconstruction Awareness Day was celebrated across the country--More than 100 BRA Day USA events were held as breast cancer patients, families, friends and other groups joined together to promote awareness and patient access to breast reconstruction. ASPS plans to continue this campaign in 2013 and beyond.

- Registries (PROFILE, NBIR, Fat Grafting)—
  - In 2011, The Patient Registry and Outcomes For Breast Implants and Anaplastic Large Cell Lymphoma Etiology and Epidemiology (PROFILE) study was launched in collaboration with ASPS, The Plastic Surgery Foundation (PSF) and FDA to increase the scientific data on Anaplastic Large Cell Lymphoma (ALCL) in women with breast implants. Data is being collected retrospectively and prospectively on confirmed cases of primary ALCL in women with breast implants. The primary goal of PROFILE is to better understand the role of breast implants in the etiology of primary ALCL in women with breast implants.
  - Since 2012, The ASPS, PSF, FDA and other stakeholders have been working on the development of a National Breast Implant Registry. The National Breast Implant Registry will serve as a single repository of information to facilitate ongoing surveillance of the safety and effectiveness of breast implant devices. The Registry will focus on collecting safety information on short- and long-term safety outcomes associated with all types of breast implants (saline, silicone gel, and other types yet to be commercialized). This collaborative, multi-stakeholder initiative will be designed and governed to incorporate scientifically and clinically relevant data. The Registry will aim to capture patient and procedure data provided by physicians and patients participating in FDA-mandated post-approval studies (PAS), as well as those not participating in PAS. The Registry is intended to supplement rather than duplicate existing information on breast implant safety and effectiveness.
  - In 2013, The PSF will launch GRAFT – The General Registry of Autologous Fat Transfer. The objective of this quality improvement initiative is to establish the first US-based, Nation-Wide registry of fat grafting for aesthetic and reconstructive breast surgery. GRAFT
will collect data for the purpose of providing insight into the safety of these procedures and to establish best practice guidelines that will have broad impact on the plastic surgery community.

- Quality and Outcomes Assessment –
  - In 2002, ASPS developed the Tracking Operations & Outcomes for Plastic Surgeons (TOPS) registry. TOPS is a national US database of plastic surgery procedures and outcomes that provide plastic surgeons with a standardized mechanism for submitting demographic, procedural and outcomes information for benchmarking and evaluating their practice. To date, over 580,000 complete cases and 1 million plastic surgery procedures have been submitted to the registry. The standard collection of common demographic, risk factor, procedural and 30-day outcome data allow users to evaluate outcomes based on patient co-morbidities and risk factors. TOPS has recently incorporated functionality to assess patient reported outcomes using tools like the BREAST-Q. The BREAST-Q is a validated patient-reported outcome instrument for breast surgery patients. This tool offers an important metric for documenting clinical performance and improvement by measuring the effectiveness of breast reconstruction, reduction and augmentation from the patient’s perspective.

- Clinical Research—
  - The current National Cancer Institute funded Mastectomy Reconstruction Outcome Consortium (MROC) Study, was initiated by a PSF grant to fund pilot work assessing this important topic. The MROC study brings together nine leading centers in the US to compare outcomes of common techniques for breast reconstruction. To track the long-term results of these operations, this five year study will follow patients for two years after their reconstructions. Findings from MROC will assist patients, surgeons, payers and policy makers in identifying the most effective surgical options for women seeking reconstruction after mastectomy.
  - In 2012, the PSF launched the Autologous Fat Grafting to the Breast and Risk of Breast Cancer Recurrence study. This multi-center study administered in collaboration by The PSF and UNC is evaluating the relative risk of breast cancer recurrence after autologous fat grafting to the breast compared to not receiving fat grafting in a hospital-based population of stages I, II, and III breast cancer patients who had mastectomy with reconstruction.

- Plastic Surgery Education Network (PSEN) is a centralized, interactive educational website (www.psennetwork.org) designed to provide lifelong learning from residency through retirement, via interactive case reports, clinical discussions, a complete plastic surgery curriculum and monthly surgical videos. Content types include:
  - Surgery Spotlight videos (HD videos shot in the OR documenting key aspects of a procedure from surgical markings through the procedure through post-operative care).
  - Live Lecture recordings (from panels at symposia and annual meetings)
  - Case Reports
  - Literature Reviews
  - Plastic Surgery Curriculum (89 modules of reading/lecture content with pre- and post-tests)
  - Self Assessment modules (four MOC Study Guides and a Comprehensive Self Assessment Tool)
  - CME Courses (more than 100 courses based on journal articles, videos and lecture content)
Recently Released Publications and/or Products:


Resources for Patients with Skin Cancer-- http://www.plasticsurgery.org/reconstructive-procedures/skin-cancer-and-your-plastic-surgeon.html


Scheduled Conferences/Meetings/Educational Programs:

- TIPS—Technology innovation in Plastic Surgery (5/31/13—6/2/13) Palace Hotel, San Francisco, CA
- Breast Surgery and Body Contouring Symposium (8/22/13—8/24/13) El Dorado Hotel, Santa Fe, New Mexico
- Plastic Surgery 2013 Annual Meeting (10/11/13—10/15/13) Hilton Bayfront Hotel, San Diego, CA
- Plastic Surgery 2014 Annual Meeting (10/10/14—10/14/14) Sheraton Hotel, Chicago, IL
- Plastic Surgery 2015 Annual Meeting (10/16/15—10/20/15) Hotel TBA, Boston, MA
- Plastic Surgery 2017 Annual Meeting (10/6/17—10/10/17) Hotel TBA, Orlando, FL

Please briefly describe your legislative/advocacy agenda, if applicable:

- Actively participate in CPT/RUC to ensure fair reimbursement for plastic surgery. Work in coalition with other specialty and national organizations to seek repeal of the Independent Payment Advisory Board. Advocate for reform of the physician Medicare payment formula and an appropriate transition to new payment models.
- ASPS has long called for registry reporting as a meaningful way for surgeons to participate in quality measurement. ASPS is an active participant in the Surgical Quality Alliance and has been a leader in quality improvement and Outcomes measurement initiatives.
- Advocate for legislative and regulatory solutions to require insurance coverage for treatment of children’s deformities and disfigurement.
- Advocate for Breast Cancer Patient Empowerment Act, which calls on HHS to implement an educational awareness campaign to provide information for women regarding their reconstructive options, as well as inform them of the current law.
• Monitor and influence federal legislative initiatives relating to breast implants and work with the appropriate federal agencies with oversight into breast implant issues.
• Work in the following issue area coalitions: IPAB, Federal Truth in Advertising, Medical Liability Reform, Data Registries Advocacy Coalition, AMA Private Contracting workgroup, and GME/Workforce.

Please list emerging issues within your organization that the CoC should become engaged/involved in:
• We would welcome the CoC’s involvement in the ASPS Breast Reconstruction Awareness campaign. We intend to reach out to breast centers accredited by NAPBC in the coming months to establish broader grassroots participation.
• We would also welcome opportunities to partner in data collection and sharing through our registries. Quality and outcomes measurement initiatives are an area where the various stakeholders within the CoC have much in common and would benefit from some level of coordination and collaboration.

Submitted by: The American Society of Plastic Surgeons
Date: April 5, 2012
Organization Name: American Society for Radiation Oncology

Year Joined the CoC: 1979

Mission Statement: To advance the practice of radiation oncology by promoting excellence in patient care, providing opportunities for educational and professional development, promoting research and disseminating research results and representing radiation oncology in a rapidly evolving healthcare environment.

Website: www.astro.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

- **Maintenance of Certification**
  In 2007, ASTRO developed the Performance Assessment for the Advancement of Radiation Oncology Therapy (PAAROT) a practice improvement model for radiation oncology. Radiation oncologists who obtained the American Board of Radiology (ABR) certification after 1995 must participate in the ABR’s Maintenance of Certification (MOC) program to maintain their certification. In the Practice Quality Improvement (PQI) domain of MOC, PAAROT is qualified by the ABR as meeting all the required criteria for a PQI project. Each ABR diplomate must complete one PQI project every three years. The quality indicators included in PAAROT were developed through an evidence-based review and formal consensus process where the indicators were vetted by radiation oncology experts. When they are available, NQF endorsed measures are used. These selected indicators were developed for cancers with a high prevalence in radiation oncology practice. The indicators are primarily process measures that are intended to assess the technical aspects of care and delivery of radiation therapy. The current PAAROT program, v.2.5, includes 18 measures that are used for performance scoring. Of the 18 performance indicators, 7 are NQF endorsed measures; 12 are cross-cutting, 5 indicators are prostate-cancer specific and 1 is specific to colon-cancer care.

  We have analyzed the results and physician participation in PAAROT and recently published the results. Our findings show that participants range across all practice settings including community hospitals, academic practices and free-standing clinics. The measures with a high-adoption rate (more than 80% performance) include: documentation of history and physical, review of physics and dosimetry plan by radiation oncologist, patient informed risks of therapy, evaluation of acute symptoms during therapy, pathology in consultation note, communication of treatment summary within 30 days of treatment completion, documentation of intent of treatment, use of clinical guidelines/published data and documentation of AJCC staging. However, lower rates of adoption were noted when these measures were converted to a composite measure. Additionally, there was low adherence to screening of a pain using a standard scale (mean 57%; range: 0-100 %). This is an area that has been documented by others as a significant gap in care.
**Practice Accreditation**

Practice accreditation is an essential indicator of a high quality, safe radiation oncology clinic. ASTRO is developing a radiation oncology practice accreditation program that will be integrated with ASTRO’s other quality initiatives, including maintenance of certification, clinical guidelines and quality measure development, reporting medical errors to a radiation oncology patient safety organization (PSO) and medical education on safety and performance improvement. We have posted the standards for our practice accreditation program for public comment and will invite comments from the radiation oncology community, patient advocacy groups, and payors. The new accreditation program will launch in early 2014 and be comprehensive, objective, and transparent. ASTRO is confident that radiation oncology clinics accredited under the program will have an underlying culture committed to quality and safety, as well as the policies, procedures and quality improvement infrastructure to ensure that patients receive the very best care possible. Given the robust nature of both practice-level and individual physician-level quality metrics clinics will have to meet to gain accreditation under the program, ASTRO believes that the data collected through this practice accreditation program may meet the requirement for a registry.

**NROR**

ASTRO, in partnership with our foundation -- the Radiation Oncology Institute (ROI) -- is developing the National Radiation Oncology Registry (NROR), the first of its kind for radiation oncology. The intent of the registry is to improve the care of cancer patients by capturing real-time, real-world reliable information on radiation treatment delivery and health outcomes through a prospective electronic registry infrastructure. The pilot project for this nascent registry is beginning this spring and will be focused on radiation oncology treatments for patients with localized prostate cancer. The objectives for NROR are to:

- collect patient-specific radiotherapy data electronically;
- determine national patterns of care and care quality;
- provide benchmark data and tools to practitioners and facilities for quality improvement;
- and generate hypotheses linking processes of care and outcomes and identifying subpopulations for whom particular therapies are most effective. The NROR Prostate Cancer Data Dictionary is a collection of carefully defined data elements designed to characterize critical aspects of the treatment of patients with intact prostate cancer with various forms of radiotherapy. The Data Dictionary was developed with guidance from prostate cancer and technical experts, health services researchers, and medical informaticists to provide standardized data elements in seven major domains including facility characteristics; physician demographics; patient demographics; prostate cancer disease characteristics; medical history and comorbidities; technical radiotherapy and dosimetric data; and clinician-reported outcomes. The NROR Prostate Cancer Data Dictionary is comprised of data elements derived from authoritative sources in radiation oncology, including the Radiation Therapy Oncology Group (RTOG) radiotherapy trials, the CaPSURE (Cancer of the Prostate Strategic Urologic Research Endeavor) database, the National Cancer Institute (NCI) Common Toxicity Criteria, AHRQ processes of care elements, SEER (Surveillance, Epidemiology and End Results) Program, the North American Association of Central Cancer Registries (NAACR), National Quality Forum and the NCI Thesaurus. The data dictionary for the prostate pilot has been posted to the web.

Fostering feedback for quality improvement through the provision of benchmarking data to individual practitioners and facilities is one of the global objectives of the National Radiation Oncology Registry (NROR). To that end, we have developed the first set of ten radiation oncology specific quality measures. Many sources, including the NQF endorsed prostate cancer measures on bone scans and androgen deprivation therapy, were used in the development of these measures. Benchmarking reports based on these measures will be provided to participating institutions. Over
time, the NROR registry will attempt to validate the relationship of these measures to patient-centered health outcomes, promoting the foundation of a rapid learning health care system.

We have been working to the launch of this registry for about a year and have experienced significant delays in roadblocks our attempts to negotiate business associates and data sharing agreements with the institutions involved in our pilot registry. Our recommendations for regulatory reforms that could cultivate a productive and efficient registry environment are described later in this letter.

Recently Released Publications and/or Products:
- **The ASTRO/ACR Guide to Radiation Oncology Coding 2010** now includes an insert with coding updates for 2011, 2012, and 2013. This publication is an essential coding reference for all radiation oncology practices and contains modality specific guidance on various technologies such as SRS or brachytherapy, information about the process of care, Recovery Audit Contractor (RAC) program highlights, as well as new and improved FAQs. This easy-to-read manual provides coding guidance on specific radiation oncology CPT codes and procedures and is an indispensable source of information on coding and billing. A current coding guide is available for purchase both in print and online.
- The ASTROnews is the Society's quarterly publication. It is published five times per year and includes the Annual Meeting Guide, which is a bonus publication that helps prepare attendees for our annual scientific meeting. The January-March issue is currently available.
- The 2011 ASTRO Annual Report provides highlights from the previous year. The report focuses on new initiatives and accomplishments and offers brief descriptions of programs in development. Information on the structure of the Society, vital statistics and a statement of revenue, expenses and net assets are also included.
- *The International Journal of Radiation Oncology*Biology*Physics, also known as the Red Journal, is the official scientific publication of ASTRO. This journal offers authoritative articles linking new research and technologies to clinical applications.
- Practical Radiation Oncology (PRO) is the official clinical practice journal of ASTRO and is dedicated to improving the quality of radiation oncology practice.
- The ASTRO Blue Book, Safety is No Accident: A Framework for Quality Radiation Oncology and Care. This is a comprehensive book detailing minimum recommended guidelines for radiation oncology practices. This 52-page document represents an intensive collaboration among 31 specialists from all of the major societies in the radiation oncology field.

**Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), and location(s)):
- **2013 Spring Refresher Course**: March 22-24, 2013, JW Marriott Chicago, Chicago, IL.
- **Advocacy Day**: April 29-30, 2013, Washington Marriott at Metro Center, Washington, D.C.
- **Joint Workshop: Technology for Innovation in Radiation Oncology**: June 13-14, 2013, Ruth L. Kirschstein Auditorium, Natcher Conference Center, National Institutes of Health, Bethesda, MD.
- **2013 Annual Meeting**: September 22-25, 2013, Georgia World Congress Center, Atlanta, GA.
- **2013 Best of ASTRO**: November 8-9, 2013, Hilton San Diego Bayfront, San Diego, CA.

Please briefly describe your legislative/advocacy agenda:
During ASTRO’s 10th Annual Advocacy Day more than 100 ASTRO members will meet with policymakers on Capitol Hill to discuss key legislative issues including:
• Protecting patients and the integrity of the Medicare program by ending physician self-referral abuse;
• Stabilizing Medicare physician payments and protecting access to radiation oncology services;
• Increasing investments in radiation oncology research by supporting sustainable and predictable funding

Submitted by: Nadine L. Eads, Director of Quality Improvement
Date: April 11, 2013
Organization Name: American Urological Association

Year Joined the CoC: 1986

Mission Statement: The mission of the American Urological Association is to promote the highest standards of urological clinical care through education, research and in the formulation of health care policy.

Website: www.auanet.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

- **AUA Patient Registries:** AUA is exploring the possibility of developing registries for measuring patient outcomes and quality of care. The AUA Board of Directors has approved the concept of a prostate cancer registry. However, several issues still need to be clarified such as: the scope of the registry, funding mechanism, collaboration with the research community on registry utilization, integration with quality measurement and utilization of findings for quality improvement. The AUA staff are performing an extensive environmental scan on registries developed or planned for by other medical specialty organizations and the results will serve as a basis to determine how to develop, implement and maintain a prostate cancer registry.

- **AUA Guideline Development:** The AUA is a leader in developing evidence-based clinical practice guidelines that set the standards for quality patient care. The AUA will publish four new guidelines, on cancer related topics, this spring of 2013. The guideline topics include: Castration-Resistant Prostate Cancer, Detection of Prostate Cancer, Radiation After Prostatectomy and Follow-Up Guidelines for Observed and Definitively Treated Clinically Localized Renal Cancer.

Recently Released Publications and/or Products:

Scheduled Conferences/Meetings/Educational Programs (please include title(s), date(s), abstract submission deadline(s) and location(s):

- Robotic Urethrovesical Anastomosis of RALP, Saturday, May 04, 2013, San Diego, CA
- Stage Specific Guidelines in the Management of Penile Cancer: A Case Based Approach, Sunday, May 05, 2013, San Diego, CA
- Active Surveillance in Prostate Cancer, Sunday, May 05, 2013, San Diego, CA
- Update on AUA Cancer-Related Guidelines: Preparation for Certification, Sunday, May 05, 2013, San Diego, CA
- Optimization of Sexual Function Outcomes in the Patient with Prostate Cancer, Sunday, May 05, 2013, San Diego, CA
• *Practical Followup of Genitourinary Malignancies*, Sunday, May 05, 2013, San Diego, CA
• Testicular Cancer: Current Concepts and Controversies, Sunday, May 05, 2013, San Diego, CA
• *Teaching Your Referring Physicians How to Interpret PSA Results and How to Find the Truth Beyond the Screening Controversy*, Sunday, May 05, 2013, San Diego, CA
• *Management of Prostate Cancer: A Case-Based Approach*, Sunday, May 05, 2013, San Diego, CA
• *Innovations in Surgical Management of Locally Advanced Renal Cell Carcinoma*, Monday, May 06, 2013, San Diego, CA
• *Risk Adapted Treatment and Prevention of Non-muscle Invasive Bladder Cancer*, Monday, May 06, 2013, San Diego, CA
• Robotic Radical Cystectomy: Getting Started and Tips and Tricks from the Experts, Monday, May 06, 2013, San Diego, CA
• *Robotic Partial Nephrectomy*, Monday, May 06, 2013, San Diego, CA
• Management of Small Renal Masses, Technical Advances in Partial Nephrectomy, and Role of the Urologists in Advanced RCC, Monday, May 06, 2013, San Diego, CA
• *Nerve Sparing Radical Cystectomy and Orthotopic Bladder Substitution: Keys to Success and Updates*, Monday, May 06, 2013, San Diego, CA
• *Genitourinary Cancer Survivorship: Clinical Aspects for the Care of the Cancer Free Survivor*, Monday, May 06, 2013, San Diego, CA
• *Managing Metastatic Prostate Cancer in Your Urology Practice: Coding and Science*, Monday, May 06, 2013, San Diego, CA
• *Robot-Assisted Radical Prostatectomy-Beyond the Learning Curve*, Monday, May 06, 2013, San Diego, CA
• *Focal Therapy: New Approaches in the Management of Early Prostate Cancer*, Monday, May 06, 2013, San Diego, CA
• *Detection of Prostate Cancer and Castration-Resistant Prostate Cancer: AUA Guidelines*, Monday, May 06, 2013, San Diego, CA
• *Prostate Cancer Biomarkers and Other Prediction Tools*, Monday, May 06, 2013, San Diego, CA
• *Robotic Urethrovesical Anastomosis of RALP*, Monday, May 06, 2013, San Diego, CA
• *Integration of Multiparametric MRI into the Urologic Management of Prostate Cancer*, Monday, May 06, 2013, San Diego, CA
• *Difficult Cases in High Risk Bladder Cancer: An Evidence-Based Approach*, Tuesday, May 07, 2013, San Diego, CA
• *Robotic Partial Nephrectomy*, Tuesday, May 07, 2013, San Diego, CA
• *Radiation After Prostatectomy & Follow-Up Care for Renal Cancer: AUA Guidelines*, Tuesday, May 07, 2013, San Diego, CA
• Avoiding Complications and Troubleshooting during Robotic Partial Nephrectomy: A Video- and Case-Based Course, Tuesday, May 07, 2013, San Diego, CA
• *Contemporary Concepts and Controversies in the Diagnosis and Management of Upper Tract Urothelial Carcinoma (UTUC)*, Tuesday, May 07, 2013, San Diego, CA
• *Laparoscopic and Robotic Oncology: Renal, Prostate, Bladder and Testis (RPLND)*, Tuesday, May 07, 2013, San Diego, CA
• Advanced Robotic Urologic Oncology: A Video-Based Analysis, Tuesday, May 07, 2013, San Diego, CA
• Treatment of High Risk Prostate Cancer with Open or Robot Assisted Radical Prostatectomy and Pelvic Lymph Node Dissection, Tuesday, May 07, 2013, San Diego, CA
• Prostate Cancer Update 2013, Tuesday, May 07, 2013, San Diego, CA
• Prostate Cancer Diagnostics: PSA, Prostate Biopsy and Beyond, Tuesday, May 07, 2013, San Diego, CA
• Management of Complex Urinary Complications Following Treatment for Prostate Cancer, Tuesday, May 07, 2013, San Diego, CA
• Laparoscopic and Robotic Oncology: Renal, Prostate, Bladder and Testis (RPLND), Tuesday, May 07, 2013, San Diego, CA
• Sequencing Novel Agents in Advanced Prostate Cancer 2013: Case-Based Key Knowledge for Urologists, Wednesday, May 08, 2013, San Diego, CA
• Robotic Urethrovesical Anastomosis of RALP, Wednesday, May 08, 2013, San Diego, CA
• Challenges in the Evaluation and Management of Post-Prostatectomy Incontinence, Wednesday, May 08, 2013, San Diego, CA
• Advanced Prostate Cancer Course, October 18-19, 2013, Philadelphia, PA
• Panel Discussion, Advanced Prostate Cancer, Enduring Materials, 2012, Atlanta GA.
• (In planning stage) A series of five regional Advanced Prostate Cancer courses, Tentative dates - September, December 2013 and March, June and September 2014.

Please briefly describe your legislative/advocacy agenda, if applicable:

• ICD-10 Prostate Cancer Diagnosis Coding Discussion, at the May 2013 Coding Reimbursement Meeting (CRC), the Reimbursement and Regulation Department (R&R) staff and CRC will discuss expanding the prostate cancer diagnosis coding. Currently there is only one prostate cancer code in the proposed ICD-10 coding that will be implemented in 2014. R&R staff and CRC will identify additional codes that are needed and submit them to the National Center for Health Statistics for implementation in 2015.
• Reporting of Prostate Biopsy Specimens – There has been some controversy by insurers about the proper reporting of the pathologic examination of prostate biopsy specimens based on revisions to the National Correct Coding Initiatives (NCCI) Policy Manual in 2012. This resulted in changes to a coding guidance from Medicare Administrative Contractor, Palmetto GBA (CA, NV, HI, NC, SC, VA, WV). AUA leadership from the National Insurer Advisory Workgroup and the AUA Coding and Reimbursement Committee began discussions with Palmetto and the Centers for Medicare and Medicaid Services (CMS). In the meantime, Palmetto has changed their policy and the NCCI Policy Manual has been changes as well.
• PROSTATE Act - The Government Relations and Advocacy Department is monitoring the PROSTATE Act (bill number S.516) that has been referred to the Senate Committee on Health, Education, Labor, and Pensions.

Please list emerging issues within your organization that the CoC should become engaged/involved in: None

Submitted by: Sam S. Chang, M.D.
Date: March 2013
Organization Name: Association of American Cancer Institutes

Year Joined the CoC: 1979

Mission Statement: The Association is dedicated to promoting the nation's leading research institutions' efforts to eradicate cancer through a comprehensive and multidisciplinary program of cancer research, treatment, patient care, prevention, education and community outreach.

Website: www.aaci-cancer.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

- **Clinical Research Initiative** – Provides a focused forum for sharing information and examining best practices that promote the efficient operation of cancer center clinical research facilities.

- **Oncology Workforce Initiative** – Promotes efforts to enhance oncology workforce training, recruitment and retention, as well as related areas of activity such as new models of care, research support and policy.

- **AACI Translational Cancer Research Fellowship** – Provides a qualified applicant with one year of support for research training and experience.

- **Project Cancer Education** – A hands-on curriculum that closely acquaints state and federal lawmakers and community leaders with the process through which medical research is translated to treatments for cancer.

New Initiatives – An appointed committee identifies and develops new clinical/scientific/educational programs of broad interest and value to AACI membership.

- **Public Issues** - In 1999, a Public Issues Committee was established to initiate a course of action to promote our members' common interests and goals. More recently, a Government Relations Forum was also created to coordinate efforts among all cancer centers and monitor policy actions that have an impact on cancer centers. In particular, the Government Relations Forum helps to educate Members of Congress about the cancer research enterprise and its positive impact on patients.

- **Annual Meeting** - AACI and the Cancer Center Administrators Forum jointly formulates the program for the AACI/CCAF Annual Meeting. This three-day event convenes AACI cancer center directors and executive-level administrators with leaders of national cancer research and advocacy groups, industry, and government health agencies to develop solutions to common challenges and to share best practices.

- **Annual CRI Meeting** – The CRI Steering Committee formulates the program for the Clinical Research Initiative Annual Meeting. This one and a half day event convenes the AACI cancer center clinical trials office administrative directors and medical directors with leaders of the
National Cancer Institute, industry and government health agencies to develop solutions to common clinical research challenges and to share best practices that will advance drug discovery.

_Recently Released Publications and/or Products:_
- 2012 Report
- AACI Update (Monthly Newsletter)
- February 2013 CRI (Clinical Research Initiative) Newsletter
- AACI Commentary

_Scheduled Conferences/Meetings/Educational Programs_ (please include title(s), date(s), and location(s)):
- 2013 Annual Hill Day May 16, Washington D.C.
- 2013 Clinical Research Initiative Annual Meeting, July 11-12, Chicago, IL
- **2013 AACI/CCAF Annual Meeting**, September 29 – October 1, Washington, DC

_Please briefly describe your legislative/advocacy agenda:_
- Increase federal funding for NCI and NIH
- Seek oral chemotherapy parity
- Ensure that support for the Prevention and Public Health Fund (PPHF) is preserved

Submitted by: Janie Hofacker
Date: March 26, 2013
**Organization Name:** Association of Community Cancer Centers  

**Year Joined the CoC:** 1976  

**Mission Statement:** The mission of the Association of Community Cancer Centers, a national multidisciplinary organization, is to focus on preserving and protecting the entire continuum of quality cancer care for our patients and our communities. ACCC will fulfill this mission by pursuing the following six strategies; 1) patient advocacy; 2) quality and economic issues; 3) research in the community; 4) cancer program management; 5) leadership in policy development and promotion and; 6) support for members.

**Website:** [www.accc-cancer.org](http://www.accc-cancer.org)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):

To further identify and implement the changing trends in cancer care, including consolidation. ACCC completed its fourth annual survey of its membership, “Cancer Care Trends in Community Cancer Centers.” ACCC also revised its membership structure to include hospital systems and better align with the changing oncology marketplace.

To further engage members, ACCC initiated a grassroots effort to advocate for and educate the ACCC membership on all federal issues relating to community cancer care, including support for elimination of the ongoing cuts to Medicare through the sequester and the Sustainable Growth Rate formula. ACCC is also engaging members are the state level to help shape implementation of the Affordable Care Act (ACA) in the states. In addition, ACCC continues to advocate for appropriate CMS reimbursement for pharmacy overhead services in the Hospital Outpatient Department.

To continue to provide community-based cancer care providers the tools they need to improve the quality of care for patients with small-population cancers. “Improving Quality Care in Small-Population Cancers” was initiated with a focus on chronic myeloid leukemia (CML). Current initiatives include acute promyelocytic leukemia (APL) and multiple myeloma (MM). Effective practices and community resource centers (ACCC member centers serving as virtual experts in residence) have been identified for each disease.

To provide insight into the decision making process and challenges involved around molecular testing, “Molecular Testing in the Community Oncology Setting” examines the current landscape and identifies five essential elements to integrating testing into practice. Surveys conducted with pathologists and the multidisciplinary team yield useful information for providers.

To provide needed resources and expand the skills and knowledge base of providers who deal directly with patients on complex financial issues surrounding their cancer diagnosis and treatment, “The Financial Information and Learning Network” delivers education tools and resources including a 10-part on-demand course, videos, program guidelines, and a 200 page toolkit.

To further develop the entire cancer center, “Establishing and Improving Cancer Nutrition Programs” was initiated to provide practical strategies, replicable models of nutrition programs, and tools for enhancing cancer nutrition services and ensuring a successful nutrition program.
Recently Released Publications and/or Products:
ACCC’s 2012 Oncology Drug Reference Guide
ACCC’s 2013 Patient Assistance and Reimbursement Guide
The Financial Information and Learning Network toolkit
Cancer Nutrition Services: A Practical Guide for Cancer Programs
Molecular Testing in the Community Setting: Results from ACCC’s survey’s gatefold

Scheduled Conferences/Meetings/Educational Programs (please include title(s), date(s), abstract submission deadline(s) and location(s):
Regional Oncology Economic and Management Meeting, Ft. Lauderdale, FL on April 23, 2013
Regional Oncology Economic and Management Meeting, Las Vegas, NV on May 9, 2013
Regional Oncology Economic and Management Meeting, Lansing, MI on June 11, 2013
Institute for the Future of Oncology (Forum), Chicago, IL on June 27, 2013
ACCC’s 30th National Oncology Conference, Boston, MA October 2 – 5, 2013

Please briefly describe your legislative/advocacy agenda, if applicable:
Eliminate the sequester
Support a permanent solution to the sustainable growth rate (SGR)
Advocate for responsible implementation of the Affordable Care Act in the states
Support state and federal oral parity law
Support re-introduction of legislation to remove the prompt pay discount from calculation of ASP

Please list emerging issues within your organization that the CoC should become engaged/involved in:
Implementation of certain aspects of the Affordable Care Act, including Accountable Care Organizations (ACOs), State Health Insurance Exchanges and Medicaid expansion
Engagement of ACCC members in grassroots advocacy

Submitted by: Sydney Abbott
Date: 4/12/2013
Organization Name: Association of Oncology Social Work

Year Joined the CoC: 2003

Mission Statement: The mission of the Association of Oncology Social Workers is to advance excellence in the psychosocial care of persons with cancer, their families, and caregivers through 1) advocacy, 2) education, 3) networking, 4) research, and 5) resource development. The AOSW seeks to accomplish its goals by increasing awareness of the psychosocial effects of cancer, advancing the practice of psychosocial interventions that enhance quality of life and recovery of persons with cancer and their families, fostering communication and support among psychosocial oncology care givers, furthering the study of psychological and social effects of cancer through research and continuing education, advocating for programs and policies to meet the psychosocial needs of oncology patients and their families, promoting liaison activities with other psychosocial oncology groups and professional oncology organizations and promoting the highest professional standards and ethics in the practice of oncology social work.

Website: www.aosw.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

1. SUSTAINABILITY & LEADERSHIP
To ensure the sustainability of AOSW through leadership, membership and financial viability.

2. PROFESSIONAL PROFILE OF ONCOLOGY SOCIAL WORK
To strengthen and promote the visibility and esteem of Oncology Social Workers as leaders and experts in psychosocial care.

3. QUALITY PSYCHO SOCIAL CARE
To develop, promote and implement best practices for Oncology Social Work.

4. PUBLIC EDUCATION
To raise awareness of the needs of people affected by cancer.

Recently Released Publications and/or Products:
Frey,C I’m sorry, It’s Cancer: A Handbook of Help and Hope for Survivors and Caregivers


**Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), abstract submission deadline(s) and location(s): 29th AOSW Annual Conference “Setting Sail for New Horizons in Psychosocial Oncology June 5-7, 2013, San Diego, CA.

*Submitted by*: Virginia Vaitones, MSW, OSW-C

*Date*: 3/28/2013
Mission Statement: To ensure that all people impacted by cancer are empowered by knowledge, strengthened by action, and sustained by community.

Website: www.cancersupportcommunity.org

Backed by evidence that the best cancer care includes emotional and social support, the Cancer Support Community offers these services to all people affected by cancer. Likely the largest professionally-led network of cancer support worldwide, the organization delivers a comprehensive menu of personalized and essential services. Because no cancer care plan is complete without emotional and social support, the Cancer Support Community has a vibrant network of community-based centers and online services run by trained and licensed professionals. The Cancer Support Community provides high-quality psychological and social support through a network of 57 local affiliates, more than 100 satellite locations and online.

A. Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

1. **Cancer Support Source (CSS):** the first validated distress screening program developed for community-based hospitals, physician practices and advocacy organizations that fully integrates screening, referral and follow up care, all through a single, streamlined, web-based program
   - CSS is listed in the Commission on Cancer Best Practices Repository
   - CSS is currently being licensed and utilized at Cancer Centers around the country

2. **Affiliate Network:** Our grassroots network of 53 licensed local affiliates and over 100 satellite locations delivers a comprehensive array of personalized services to cancer survivors, families and caregivers including:
   - Professionally led Support Groups for Cancer Survivors, Caregivers, and Children
   - One-on-One Counseling (e.g. Open to Options-Treatment Decision Support)
   - Education Programs (e.g. “Ask the Doctor” Program, Cancer Transitions)
   - Healthy Lifestyle Courses (e.g. Cooking for Life, Yoga, Tai Chi, Qigong)
   - Mind/Body Classes (e.g. Mind/Body Meditation, Power of Silence)
   - Community Initiatives (e.g. Joke Fest, Dragon Boat Teams, Community Sing, Studio Art)

3. **Educational Programs:** Frankly Speaking About Cancer (FSAC) provides an in-depth look into a variety of concerns cancer patients and their loved ones face following a diagnosis.
   - Educational booklets developed in partnership with oncology professionals, survivors and advocates
   - Professionally-led workshops integrating psychosocial support and stress reduction
   - Content online covering more than 30 tumor types and healthy lifestyle tips

4. **Research and Training Institute:** The first community-based Institute in the US dedicated to psychosocial, behavioral and survivorship research and training in cancer.
   - Conduct cutting-edge psychosocial, behavioral and survivorship research in order to translate, implement, and disseminate evidence into practice through a seamless flow of program delivery.
   - Current Research and Training Institute Projects:
• **Cancer Experience Registry:** The first Registry of its kind that looks at the emotional and social needs of individuals who have been diagnosed with cancer and tracks how their needs change throughout their cancer journey.

• **Open to Options:** A trained Specialist helps the patient develop a personalized question list related to the person’s situation, understanding of the disease and treatment options, and the patient’s goals for treatment.

5. **The Living Room Online:** CSC’s Online Community supports and empowers patients and families around the world and is available 24x7.
   - Online Support Group Community- Evidenced based, private, weekly, professionally facilitated groups
   - Website: 1,109,311 page views, 295,600 visits, 231,874 unique visitors in 2012
   - Radio Show: *Frankly Speaking About Cancer* with host Kim Thiboldeaux, President and CEO of CSC draws nearly 200,000 listeners annually.
   - Social Media: The Cancer Support Community's social media presence has grown tremendously in the past year. Our followers on Facebook have increased by 83% and on Twitter by 102% since January 1, 2012. We have also increased the weekly total reach of our Facebook site by 91% since the start of 2012

6. **National Cancer Support Helpline:** Enables people touched by cancer including patients, families, friends and health care professionals regardless of location, to receive the best information, emotional and social support available.
   - A new toll-free national call center for delivering information, referral, support and education services to people with cancer and their families
   - Staffed by licensed mental health professionals specifically trained in the Cancer Support Community model
   - Delivery of Open to Options, treatment decision support counseling program via telephone as part of a broader dissemination strategy
   - 1-888-793-9355, 9:00 am - 8:00 pm EST

B. **Recently Released Publications and/or Products:**
   - **National Press**
   - **Educational Publications**
     - Frankly Speaking About Cancer: Living Healthy with Cancer (no cost)
     - Frankly Speaking About Cancer: Liver Cancer (no cost)
     - Frankly Speaking About Cancer: Myelofibrosis (no cost)
     - Frankly Speaking About Cancer: Lung Cancer (no cost)
     - Frankly Speaking About Cancer: Essentials (no cost)
       - Topics include: Multiple Myeloma, Lymphoma, Prostate Cancer, and Ovarian Cancer
   - **Research Publications**

C. **Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), and location(s):
   - APOS-American Psycho-social Oncology Society, February 14-16, 2013, Huntington Beach, CA
   - SBM-Society of Behavioral Medicine, March 20-23, 2013, San Francisco, CA
D. Legislative/Advocacy Agenda:

- On May 7 & 8, 2012, CSC hosted members of our local affiliates in Washington, DC where we were able to visit 35 Congressional offices to talk about the issues facing people living with cancer.
- On May 8, 2012, CSC worked with Congresswoman Lois Capps and the House Cancer Caucus to host a Hill Briefing entitled, “Meeting the Needs of the Whole Patient in Cancer Care” to discuss the importance of integrating psychosocial care into the medical standard of care for all cancer patients.
- Throughout the year, CSC hosted Policy Briefings for advocacy partners on the following topics:
  - Accountable Care Organizations
  - Data, Quality, and Transparency: Factors Impacting Care Decisions Today
  - Affordable Care Act
- CSC engaged in direct and supportive activity on key policy issues: drug shortage, Supreme Court decision on the Patient Protection and Affordable Care Act, Prescription Drug User Fee Act (PDUFA), etc.
- This work in 2012 has positioned CSC to move forward with the Cancer Policy Institute at the Cancer Support Community which will launch in 2013.
  - The Institute will foster the translation of knowledge about the true cancer experience to policymakers and legislators on Capitol Hill, at the Food and Drug Administration, the Department of Health and Human Services, and the Centers for Medicare and Medicaid Services, among others.

E. Emerging issues within your organization that the CoC should become engaged/involved in:

- On March 24th, 2013 CSC launch the Cancer Experience Registry (https://csc.cancerexperienceregistry.org)
- On Wednesday, June 19th CSC will launch the Cancer Policy Institute
- On Thursday, April 25th CSC will have its 2013 Annual Spring Celebration in New York City

Submitted by: Christopher Gayer

Date: 4/2/2012
Organization Name: Centers for Disease Control and Prevention

Year Joined the CoC: 1994

Mission Statement: The mission of the Centers for Disease Control and Prevention is to promote health and quality of life by preventing and controlling disease, injury, and disability. The CDC seeks to accomplish its mission by working with partners throughout the nation and world to monitor health, detect and investigate health problems, conduct research to enhance prevention, develop and advocate sound public health policies, implement prevention strategies, promote healthy behaviors, foster safe and healthful environments, and provide leadership and training.

Website: www.cdc.gov

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

- Continue leveraging the extensive infrastructure CDC has built with state health departments and the clinical care system to address barriers to cancer screening and promote more organized, widespread delivery of quality screening; and complement the benefits of increased insurance coverage provided through the Affordable Care Act.

- Continue supporting cooperative agreements to states, territories, and tribal organizations to support coordination and collaboration across cancer programs and with other chronic disease programs to gain efficiency, enhance effectiveness and improve health outcomes related to cancer prevention and control. These cooperative agreements support:
  - Population-based approaches to increasing screening for breast, cervical and colorectal cancer, including providing direct screening services to low-income, uninsured, and underinsured men and women.
  - Comprehensive cancer control programs to develop and implement policy, systems and environmental change strategies aimed at preventing cancer, detecting cancers early when they are more treatable, increasing access to treatment, and improving the quality of life of cancer survivors.
  - Central cancer registries to collect cancer surveillance data for the nation, enhance electronic reporting of data, and inform comparative effectiveness research.

- Lead the development of Surgeon General’s Call to Action on Skin Cancer Prevention, in collaboration with key governmental and non-governmental partners and stakeholders.

- Continue essential applied research that brings a public health perspective to cancer issues and allows CDC to support its cancer prevention and control programs as well as inform surveillance, health communication and education development, and efforts to meet community needs.
Recently Released Publications and/or Products:


Scheduled Conferences/Meetings/Educational Programs (please include title(s), date(s), abstract submission deadline(s) and location(s):

- Grand Rounds, Cancer Screening, July 17, 2013
- Federal Advisory Committee on Breast Cancer in Young Women, Fall 2013, date TBD
- Federal Advisory Committee for the National Breast and Cervical Cancer Early Detection Program, Fall 2013, date TBD

Please briefly describe your legislative/advocacy agenda, if applicable:

- CDC does not engage in advocacy activities

Please list emerging issues within your organization that the CoC should become engaged/involved in:

- Implications of Health Reform for Cancer Prevention and Control

Submitted by: Marcus Plescia, MD, MPH
Director, Division of Cancer Prevention and Control (DCPC)
National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
Centers for Disease Control and Prevention (CDC)
Atlanta, GA

Date: April, 2013
**Organization Name:** Department of Veterans Affairs (VA)
Veterans Health Administration (VHA)

**Year Joined the CoC:** 1961

**Mission Statement—Department of Veterans Affairs:**
To fulfill President Lincoln's promise “To care for him who shall have borne the battle, and for his widow, and his orphan” by serving and honoring the men and women who are America’s veterans.

**Mission Statement—Veterans Health Administration (healthcare arm of Dept. of Veterans Affairs):**
Honor America’s Veterans by providing exceptional health care that improves their health and well-being.

**Websites:**
http://www.va.gov/ (for Department of Veterans Affairs)
http://www1.va.gov/health/ (for Veterans Health Administration)

**Major Projects/Key Initiatives Underway** (please briefly describe the top 6 priorities):
- The Office of Genomic Medicine (OGM) offers genetic counseling via TeleMedicine to veterans throughout the country. This is a one on one patient consultation service.
- VHA is renewing its Interagency Agreement that had lapsed between the NIH and VHA. This will enhance involvement in VA patients for National Cancer Institute/NIH studies.
- VHA has implemented Econsults which provide specialty help without requiring a patient visit.
- VHA approved and implemented survivorship plan. This plan assists patients with understanding their current state of cancer and probability of recovery.
- Updated Oncotrax Cancer Registry software, VHA’s cancer registry software, to include additional data elements for quality measures in the registry abstract for lung, breast, colorectal, and prostate.
- Piloting clinical reminder template for lung cancer which will allow VHA to continue to monitor quality of lung cancer care. Templates will enable us to standardize clinical information necessary for quality indicators into a discrete format and obtain key elements to continuously monitor the quality of cancer care. The initial clinical reminder template was developed for lung cancer, and we expect other cancer-specific templates to follow.

**Recently Released Publications and/or Products:**
- Balasubramaniam, S, Ron, E, Gridley, G, Schneider, AB, and Brenner, AV. Association between Benign Thyroid and Endocrine Disorders and Subsequent Risk of Thyroid Cancer among 4.5 Million U.S. Male Veterans. The Journal of Clinical Endocrinology & Metabolism August 1, 2012 vol. 97 no. 8 2661-2669

• Merkow, RP, Bilimoria, KY, Sherman, KL, McCarter, MD, Gordon, HS, Bentrem, DJ. Efficiency of Colorectal Cancer Care Among Veterans: Analysis of Treatment Wait Times at Veterans Affairs Medical Centers. *JOP* February 26, 2013 JOP.2012.000738

**Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), and location(s)):

• Association of VA Surgeons will be held April 21-23, 2013 in Milwaukee, WI
• Association of VA Hematology/Oncology (AVAHO) will be held October 4-6, 2013 in Atlanta, GA

**Please briefly describe your legislative/advocacy agenda:**

• As a federal agency, the VA is prohibited from lobbying congress.

*Submitted by*: David H. Berger, MD  
*Date*: March 27, 2013
Organization Name: Hematology/Oncology Pharmacy Association

Year Joined the CoC: 2011

Mission Statement: The mission of the Hematology/Oncology Pharmacy Association is to support pharmacy practitioners and promote and advance Hematology/Oncology Pharmacy to optimize the care of individuals affected by cancer.

Website: www.hoparx.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

Strategic Plan Goal:
All individuals affected by cancer have a hematology/oncology pharmacist as an integral member of their care team.

Goal Areas:

Professional Development
Goal: HOPA is recognized and utilized as the expert in providing hematology/oncology education and professional development to support pharmacists involved in the care of cancer patients.

Research
Goal: HOPA supports research efforts of hematology/oncology pharmacists to optimize the care of individuals affected by cancer.

Advocacy
Goal: HOPA and its members are recognized as important partners by the pharmacy and cancer communities and are able to influence decisions affecting the care of cancer patients.

Hematology/Oncology Pharmacy Practice Standards
Goal Statement: HOPA is the source for practice standards to support the roles and responsibilities of hematology/oncology pharmacists across the cancer continuum.

Recently Released Publications and/or Products:

Scheduled Conferences/Meetings/Educational Programs (please include title(s), date(s), abstract submission deadline(s) and location(s):
- Hematology/Oncology Pharmacy Association – Fall Course: Practice Management Issues. September 20, 2013, Rosemont, IL.
Please briefly describe your legislative/advocacy agenda, if applicable:

Priority Issues & Issue Briefs

- **Role of the hematology/oncology pharmacist** – Promote and improve patient safety by realizing the value and role that hematology/oncology pharmacists play in healthcare delivery.
- **Oral chemotherapy** – Improve access to oral chemotherapy for all patients; develop guidelines to promote safety in ordering, dispensing, and administering oral chemotherapy.
- **Drug shortages** – Address the growing oncology drug shortages which prohibit patients from accessing or receiving the agents necessary for the treatment of cancer and cancer-related symptoms.

Issues to Monitor

- Maintain and expand U.S. investments in research for cancer treatment to ensure that new innovations are possible;
- Sustain and protect reimbursement for cancer drugs and cancer treatment providers to ensure access to quality care for cancer patients;
- Revise burdensome aspects of Risk Evaluation and Mitigation Strategies (REMS) requirements;
- Ensure patients have access to essential pain medications;
- Prohibit the practice of “brown-bagging” which can affect the integrity of the drug as it moves through the supply chain; and
- Ensure that biosimilar drugs reach the market but do not impact patient safety.

Please list emerging issues within your organization that the CoC should become engaged/involved in: N/A

Submitted by: Kristin Pulatie, HOPA Health Policy and Advocacy Manager
On behalf of:
Rowena Schwartz, PharmD BCOP

Date: 4/1/13
Organization Name: LIVESTRONG Foundation

Year Joined the CoC: 2010

Mission Statement: The LIVESTRONG Foundation provides free cancer support services to help people cope with the financial, emotional and practical challenges that accompany the disease. Created in 1997 by cancer survivor and philanthropist Lance Armstrong, the Foundation is known for its powerful brand – LIVESTRONG – and for its advocacy on behalf of survivors and their families. With its iconic yellow LIVESTRONG wristband, the Foundation has become a symbol of hope and inspiration around the world. Since its inception, the Foundation has served 2.5 million people affected by the disease and raised more than $500 million to support cancer survivors. One of America's top non-profit organizations, the Foundation enjoys a four-star rating from Charity Navigator and has been recognized by the National Health Council and the Better Business Bureau for its excellent governance, high standards and transparency.

Website: www.livestrong.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

At the LIVESTRONG Foundation we fight to improve the lives of people affected by cancer. We empower the cancer community to address the unmet needs of cancer survivors by encouraging collaboration, knowledge-sharing and partnership. All that we do is in service to our mission and serves people affected by cancer by representing their voices, experiences and needs. Our approach is unique in that we hear—and respond to—the voices of people affected by cancer. On behalf of the 28 million people living with the disease we act upon the following strategic priorities:

- Developing and advancing programs, policies and systems by keeping the needs of people affected by cancer at the center of everything we do.
- Ensure long-term programmatic, financial and operation sustainability.
- Growing and leveraging LIVESTRONG Foundation and LIVESTRONG brands in service to our mission.
- Forming and engaging communities in authentic and meaningful ways.

Recently Released Publications and/or Products:

- Essential Elements Report
- Delivering Hope: Cancer Care in the Developing World: A LIVESTRONG Brief

Foundation resources that support healthcare professionals:
• Free CME-accredited courses sponsored by the LIVESTRONG Foundation and educational partners, including the CoC: **Focus Under Forty: Cancer Care for Adolescents and Young Adults (Ages 15-39)** offered through ASCO University.
• Free CE-accredited courses for nurses sponsored by the LIVESTRONG Foundation and offered through the Nurse Oncology Education Program.
• Subscribe to free LIVESTRONG SmartBrief, a weekly eNewsletter providing healthcare professionals an overview of current cancer care news from the New York Times, HealthDay News and other leading sources.

Please join us at the **2013 LIVESTRONG Leader in Oncology Reception** to honor Dr. Harold P. Freeman, Thursday, May 30, 2013, at the Four Seasons Chicago, 6:00-8:00 p.m.

Please briefly describe your legislative/advocacy agenda, if applicable:

For a summary of LIVESTRONG Foundation policy positions, please reference our [2011 platform](#). Overall, we support the following:

• Organizations must integrate non-communicable disease targets into global health and development planning
• Universal access to basic cancer care should be recognized as a human right.
• States should prioritize the delivery of effective palliative care, including pain relief for cancer, as part of a quality-of-life framework.
• States should ensure the new federal health care reform law is enacted effectively.
• Funding for cancer research, prevention and treatment should be a priority at the global, federal, and state levels.
• All people living with cancer should have access to patient-centric quality cancer care, including coordinated care delivery, patient navigation, and survivorship care.
• Healthcare providers should develop electronic health information systems with a focus on improved patient engagement and outcomes.
• Corporations should provide benefits that cover fertility preservation to remedy iatrogenic infertility, reduce patient distress, and enable better treatment decision-making.

Please list emerging issues within your organization that the CoC should become engaged/involved in:

The LIVESTRONG Foundation partners with the CoC on a variety of initiatives to support cancer patients and survivors. We are proud to be an advocate member and excited about the work underway to ensure the Patient-Centered Standards are implemented by 2015. These standards represent ideas that are important to us – ensuring that cancer patients receive high quality coordinated care, which includes supportive services and resources addressing the full continuum of care. We are here to help sites to implement the Continuum of Care Services with resources available online, on the phone, and in your community. Learn more at livestrong.org or by contacting us.

Submitted by: Ruth Rechis, PhD

Date: April 2013
Organization Name: National Accreditation Program for Breast Centers

Year Joined the CoC: 2011

Mission Statement: The National Accreditation Program for Breast Centers represents a consortium of national, professional organizations dedicated to the improvement of the quality of care and monitoring of outcomes of patients with diseases of the breast. This mission is pursued through standard-setting, scientific validation, and patient and professional education.

Website: www.napbc-breast.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

- Develop and execute international pilot survey to support expansion of NAPBC Internationally.
- Expand advocacy organization representation and membership on the Advocacy and Outreach Committee.
- Develop data collection mechanism through the Commission on Cancer National Cancer Data Base.
- Develop quality measures to address benign breast disease.
- Define collaborative relationship with Society of International Senology (SIS) and the European Society of Mastology (EUSOMA).
- Develop and deploy marketing and promotion resources and tools for NAPBC accredited breast centers.
- Expanded educational resources for NAPBC constituents in support of NAPBC standards and quality improvement.

Recently Released Publications and/or Products:

- M. Moran, CS Kaufman, CA Burgin, S. Swain, T. Granville, DP Winchester; What Currently Defines a Breast Center in 2011? Initial Data from the National Accreditation Program for Breast Centers (NAPBC). Journal of Oncology Practice accepted for publication.
- Anees Chagpar, MD, FACS submitted an abstract titled - What is influencing breast conservation rates in the United States? Data from the National Accreditation Program for Breast Centers that was accepted for poster discussion and presented at the San Antonio Breast Cancer Symposium in December 2012.
- NAPBC 2013 Standards Manual – available in print ($50) and online as a free pdf download.
- Welcome to Our NAPBC Accredited Breast Center brochure (50 for $30).

Scheduled Conferences/Meetings/Educational Programs (please include title(s), date(s), abstract submission deadline(s) and location(s):

- Create Your Breast Center of Excellence: The Course, the Examples, and the Skill; March 23-24, 2013, Las Vegas, NV.
- Pursuing Excellence through Accreditation Workshop; May 24, 2013, Chicago, IL.
Please briefly describe your legislative/advocacy agenda, if applicable:

- Restructure of the Advocacy and Outreach Committee to include: National Breast Cancer Coalition (NBCC), Komen (National and affiliate), Young Survivors Coalition, African American Breast Cancer Alliance, AVON, Living Beyond Breast Cancer, and National Breast Cancer Organization.
- No legislative activity.

Submitted by: James Connolly, MD, FCAP
Date: March 20, 2013
Organization Name: National Cancer Institute

Year Joined the CoC: 1982

Mission Statement: The National Cancer Institute (NCI) coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients. NCI-supported scientists and others have made significant progress against many forms of cancer, expanding our understanding of cancer as a complex set of diseases that will require many different lines of investigation.

NCI’s Division of Cancer Control and Population Sciences (DCCPS) aims to reduce the incidence of and deaths from cancer, as well as enhance the quality of life for cancer survivors. The Division conducts and supports an integrated program of the highest quality genetic, epidemiologic, behavioral, social, and surveillance cancer research. Within the DCCPS, the Surveillance Research Program manages the Surveillance, Epidemiology, and End Results (SEER) Program, an integrated, comprehensive, multiple population-based reporting system and provides leadership in developing statistical methodologies appropriate for analyzing trends and for evaluating the impact of cancer control interventions as well as geographic, social, behavioral, genetic, and health care delivery factors on the cancer burden. The Applied Research Program supports, conducts and coordinates research on the dissemination of effective cancer-related health services into community practice, and studies demographic, social, economic, and health system factors as they relate to providing preventive, screening, diagnostic, and treatment services for cancer. ARP coordinates and sponsors research to measure, evaluate, and improve the outcomes of cancer care. This includes supporting data resources such as the linked SEER-Medicare data, the SEER-Medicare Health Outcomes Survey (MHOS), the HMO Cancer Research Network, and the Breast Cancer Surveillance Consortium.


Major Projects/Key Initiatives Underway:

- **Cancer Surveillance:** The SEER Program is NCI’s integrated population-based reporting system. The SEER data have been enhanced by linking cancer patients who are Medicare-eligible to their Medicare claims. The resulting SEER-Medicare database contains registry information and data for
all Medicare covered services for 1.6 million SEER cases; the updated linkage was released in January 2013.

- **SEER-Medicare Health Outcomes Survey (MHOS) data**: The SEER-MHOS database links data from the SEER registries with the MHOS that provides information about the health-related quality of life (HRQOL) of Medicare Advantage Organization (MAO) enrollees- [http://outcomes.cancer.gov/surveys/seer-mhos/](http://outcomes.cancer.gov/surveys/seer-mhos/).

- **Population-Based Research Optimizing Screening through Personalized Regimens (PROSPR)** is a new program with the scientific goal of supporting research to better understand how to improve the screening process (recruitment, screening, diagnosis, referral for treatment) for breast, colon, and cervical cancer.

- **Estimating the impact of treatment and cancer control interventions**: The Cancer Intervention and Surveillance Modeling Network (CISNET) is a consortium of NCI-sponsored investigators that use statistical modeling to improve our understanding of cancer control interventions in prevention, screening, and treatment and their effects on population trends in incidence and mortality. These models can be used to guide public health research and priorities.

### Recently Released Publications and/or Products:


- SEER-Medicare publications can be found at [http://healthservices.cancer.gov/seermedicare/overview/pubsearch.html](http://healthservices.cancer.gov/seermedicare/overview/pubsearch.html).

### Submitted by:
Brenda K. Edwards, PhD, Senior Advisor for Surveillance, DCCPS, NCI, and Joan L. Warren, PhD, Health Services and Economics Branch, Applied Research Program, DCCPS, NCI

### Date: April 26, 2013
Organization Name: National Cancer Institute: Surveillance, Epidemiology, & End Results (SEER) Program and Applied Research Program

Year Joined the CoC: 1982

Mission Statement: The mission of the SEER Program, a continuing project of the National Cancer Institute, is to collect cancer data on a routine basis from designated population-based cancer registries in various areas of the country. Trends in cancer incidence, mortality and patient survival in the United States, as well as many other studies, are derived from this data bank. The mission of the Outcomes Research Branch, one of three branches in NCI's Applied Research Program, is to coordinate and sponsor research to measure, evaluate, and improve the outcomes of cancer care. The ultimate purpose in carrying out this research program is to contribute to improving cancer outcomes, reducing cancer-related health disparities, and reducing the cancer burden to patients, their families, and society.


Major Projects/Key Initiatives Underway:
- Assessing quality of SEER registry data items, particularly 2010 collaborative stage variables
- Reassessing SEER data requirements
- Utilizing electronic medical records and linkage with registry data to populate population-based cancer registry data
- Developing, applying, and assessing the utility of statistical methods for imputation of missing data
- Enhancing statistical methods for estimating cancer survival

Recently Released Publications and/or Products:
The SEER Program will be issuing new data in the following formats on April 24-29, 2013, available on the SEER website (http://seer.cancer.gov):
- The SEER Cancer Statistics Review 1975-2010
- SEER*Stat: 1973-2010 SEER Data
- SEER Cancer Statistics Fact Sheets

For more information, please contact:
SEER PROGRAM
Telephone: (240) 276-6690

SEER-MEDICARE; SEER-MHOS
Web site: http://healthservices.cancer.gov/seermedicare/
Email: yaniskoe@imsweb.com
Email: clausers@mail.nih.gov

Scheduled Conferences/Meetings/Educational Programs:
NAACCR Workshops: SEER*Stat Software for Analyzing Cancer-Related Data; June 8-10, 2013, Austin, TX (see conference information on NAACCR website http://www.naaccr.org).

Please briefly describe your legislative/advocacy agenda, if applicable:

Please list emerging issues within your organization that the CoC should become engaged/involved in:
See NCI Director Dr. Harold Varmus’s website http://cancer.gov/aboutnci/director.

Submitted by: Brenda K. Edwards, PhD and Joan Warren, PhD

Date: April 26, 2013
Organization Name: National Cancer Registrars Association

Year Joined the CoC: 1976

Mission Statement: Serve as the premier education, credentialing & advocacy resource for cancer data professionals. The following strategies address this mission:

I. Education/Professional Development - Provide comprehensive educational opportunities that are accessible, cost appropriate & forward-thinking.

II. Credentialing - Advance, administer & deliver a continually improving credentialing program to meet the needs of the profession.

III. Recruitment & Retention - Expand the workforce of the cancer registry profession by encouraging new people to enter the field & by improving retention of those currently in the field.

IV. Member & Customer Services - Assure satisfaction of internal & external NCRA customers & excellence in communications.

V. Advocacy - Be a strong advocate for our members by actively engaging in processes to network & communicate to affect an opinion.

VI. Administration & Finance - Maintain financial viability with an effective & efficient infrastructure.

Website: www.ncra-usa.org | www.ctrexam.org | www.ceducationcenter.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

- Increasing NCRA visibility within standard setting organizations via appointments to Committees and Task Forces as requested by the CoC, SEER, CAP, and AHIMA
- Beginning work for a Registrar Specific Standard Occupational Code at the US Department of Labor.
- Promoting the concept of a stakeholder wide Cancer Registry Workforce Recruitment and Retention Plan
- Launching new Learning Management System to deliver extensive educational opportunities to Cancer Registry professionals.
- Ongoing monitoring of the NCRA Strategic Management Plan to ensure adherence to organization guidelines

Recently Released Publications and/or Products:

- Workbook for Staging of Cancer: companion guide for AJCC 7th edition

Scheduled Conferences/Meetings/Educational Programs (please include title(s), date(s), and location(s)):

- NCRW April 8-12, 2013; Nationwide
- NCRA 39th Annual Conference; May 30 – June 2, 2013: San Francisco, CA
Please briefly describe your legislative/advocacy agenda:
- Ongoing monitoring of all national legislation tied to Cancer Registry Workforce
- Ongoing monitoring of state legislation tied to CTR Credential
- Department of Labor for Standard Occupational Code for Cancer registrars

Please list emerging issues within your organization that the CoC should become engaged/involved in:
- Integrating the Workload Study findings
- CTR Recruitment and Retention
- Annual Educational Conference partnering
- Department of Labor advocacy

Submitted by: Lori Swain
    Deborah Dickerson, RHIT, CTR
    Sarah Burton, CTR

Date: March 22, 2013
Organization Name: National Coalition for Cancer Survivorship

Year Joined the CoC: 2010

Mission Statement: NCCS advocates for quality cancer care for all people touched by cancer and provides tools that empower people to advocate for themselves.

NCCS pioneered the concept of an individual becoming a survivor from the time of cancer diagnosis. The organization has turned its attention and energies to representing cancer survivors in policy initiatives to improve the quality of cancer care and to enhance the education and empowerment of survivors to serve as decision-makers regarding their treatment.

Web site: www.canceradvocacy.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

- Advocacy to reform cancer care delivery and payment and ensure patient access to a cancer care plan from the beginning of treatment. The specific activities to advance this goal are advocacy for federal legislation establishing a Medicare cancer care planning service, regulatory efforts to influence the Medicare physician payment system to support care planning, and education and outreach to encourage private third-party payment for cancer care planning and coordination.
- Promote the NCCS “Patient Empowerment Program” to: 1) improve patient/physician communication, 2) increase patient demand for cancer care planning and care coordination services, and 3) define the elements of a complete cancer care plan.
- Promote adoption of cancer care planning as a standard of care through participation in bodies like CoC, Blue Cross Blue Shield Centers of Distinction, partnerships with third party payers, etc.
- Promote widespread use of survivorship care plans by providing tools to providers and patients like the Journey Forward survivorship care plan builder: www.JourneyForward.org.
- Engage with the Institute of Medicine’s National Cancer Policy Forum in work to update of the seminal Quality Care Report of 2000 which is focused on Quality Care and the Aging of the Population.

Recently Released Publications and/or Products:

- NCCS co-chaired the Institute of Medicine Workshop on Patient-Centered Cancer Treatment Planning: Improving the Quality of Oncology Care, 2011.
- Pocket Cancer Care Guide – iPhone® App – This award winning iPhone app helps patients and their care givers make effective use of their time during office visits. The app allows users to quickly and easily create lists of practical questions used to guide conversations between the user and his or her doctor, link to an upcoming doctor’s appointment, and record the conversation to refer to afterwards.
• What Cancer Survivors Need To Know About Health Insurance – provides helpful and accurate information so patients can understand their rights and protections and communicate more effectively with their insurance carriers, updated, 2012.
• Trabajo En Equipo: Guía del paciente de cáncer para hablar con el medico, updated, 2012.

**Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), and location(s):

• Cancer Quality Alliance, January 24, 2013, Alexandria, VA and November 2, 2013, San Diego, CA
• Cancer Policy Roundtable, March 7-8, 2013 and October 25-26, 2013, in Washington, DC
• National Coalition for Cancer Survivorship Workshop: Strategies to Improve the Practice of Cancer Care Planning and Coordination and Enhance Patient Decision-making, late fall 2013-early 2014, Washington, DC area
• ASCO Quality Care Symposium, November 1-2, 2013, NCCS planning committee co-chair, San Diego, CA.
• Cancer Leadership Council, meets monthly in Washington, DC

**Please briefly describe your legislative/advocacy agenda:**

• Advocacy to support creation of comprehensive cancer care planning as a reimbursable Medicare service through passage of pending legislation.
• Legislative and regulatory advocacy for cancer care payment and delivery reform that supports cancer care planning and coordination as well as the incorporation of symptom management and palliative care with active treatment from the beginning of the care continuum.
• Advocacy to encourage health care payment and system design that will support education of survivors about the side effects of treatment and facilitate systems for monitoring and management of those late and long-term effects.
• Active involvement in the implementation of the Affordable Care Act to ensure that it provides cancer survivors access to adequate insurance coverage and appropriate cancer care.
• Engagement in legislative efforts that may result in fundamental changes to Medicare affecting beneficiary access to quality cancer care and cost-sharing responsibilities.
• Monitoring implementation of drug review provisions that were part of the fifth user fee reauthorization and engaging in ongoing efforts to strengthen drug review processes and ensure patient access to safe and effective cancer drugs.

**Please list emerging issues within your organization that the CoC should become engaged/involved in:**

• Incorporation of comprehensive cancer care planning as standard of care beginning with diagnosis and through the rest of a survivor's life
• Enhancing patient participation in treatment decision-making through improving patient-physician communication and education to ensure patients are equipped to make well informed choices in determining their care
• Encouraging payment reform to support quality cancer care, including the integration of symptom management and palliative care with active treatment from the beginning of the care continuum
• Promoting the establishment of high quality, patient-centered survivorship programs
• Monitoring and participating in Affordable Care Act implementation to protect the interests of cancer survivors

Submitted by: Nina Wendling
Date: April 1, 2013
Organization Name: National Consortium of Breast Centers, Inc.

Year Joined the CoC: 2006

Mission Statement: The National Consortium of Breast Centers is the premier interdisciplinary organization committed to the development, maintenance, advancement and improvement of the highest quality patient-focused Breast Centers by supporting education, certification and interdisciplinary communication among those we serve. Vision: To positively impact quality breast care and improve the experience, satisfaction and outcomes of the breast care patient as well as the care providers while being recognized as the premier organization supporting interdisciplinary Breast Centers in the world.

Organizational Methodology: The organization's mission is achieved through evidence-based education, advocacy, certification and quality validation programs, with the goal of improving breast care for all. Interdisciplinary collaboration is promoted through networking opportunities among the Breast Center community.

The corporation is operated exclusively as an educational, scientific and charitable organization within the meaning of Section 501(c)(3) of the Internal Revenue Code.

Website: www.breastcare.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):
- Maintain web-based database of questions submitted by our members with responses for breast centers to learn from one another.
- Develop Certification programs with core competencies for breast health/cancer care provided by professionals.
- Update of website.
- Recently Released Publications and/or Products:
  - “I Flunked My Mammogram!—What you need to know about breast cancer NOW! (2nd edition) Dr. Ernie Bodai
  - Breast Cancer Strength & Courage (co-authored) Dr. Ernie Bodai
  - Breast Disease: Clinical Guidelines For Practitioners (co-authored) Dr. Ernie Bodai
  - National Quality Measures for Breast Centers is available on-line for participating breast centers-NCBC
  - Breast Care/Cancer Patient Navigation Matrix™ Development-NCBC
  - Clinical Breast Exam Certification-NCBC
  - Breast Self-Exam Certification-NCBC
  - Breast Patient Navigation Certification in 1) Breast Imaging; 2) Breast Cancer or 3) Breast Imaging and Breast Cancer-NCBC

Scheduled Conferences/Meetings/Educational Programs (please include title(s), date(s), abstract submission deadline(s) and location(s):
The 23rd National Annual Interdisciplinary Breast Center Conference date: March 23-27, 2013
The 24th National Annual Interdisciplinary Breast Center Conference date: March 22-26, 2014
The 25th National Annual Interdisciplinary Breast Center Conference date: March 14-18, 2015
Pre-conference on Risk Assessment to be held March 23rd, 2013 in Las Vegas
Pre-conference on Breast Patient Navigation and Certification to be held March 23-24, 2013 in Las Vegas
Pre-conference on Clinical Breast Examination and Certification to be held March 23-24, 2013 in Las Vegas

Submitted by: Dr. Ernie Bodai, MD
Date: 03/11/13
Organization Name: National Society of Genetic Counselors, Inc.

Year Joined the CoC: 2004

Mission Statement: The mission of the National Society of Genetic Counselors is to advance the various roles of genetic counselors in health care by fostering education, research, and public policy to ensure the availability of quality genetic services.

Website: www.nsgc.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

- Our CoC liaison continues to represent the NSGC as a resource for the standards for genetic counseling and genetic risk assessment that have been established for the CoC and NAPBC.
- We continue to work on collaborative projects with representatives from other professional organizations representing cancer care specialists to enhance provider education in cancer genetics. These organizations include the Association of Community Cancer Centers, Academy of Oncology Nurse Navigators, American College of Gastroenterology, the American College of Medical Genetics, and the Society of Breast Imaging.
- We aim to emphasize the importance of genetic counseling by trained genetics professionals and increase access to care for appropriate patients through highlighting the CoC and NAPBC Genetics Standard and educating providers of various genetic services delivery models. In addition, NSGC aims to generate an evidence base to demonstrate the value of genetic counseling performed by genetic counselors.
- Members of NSGC’s Cancer Special Interest Group (SIG) have recently participated in updating the practice guidelines for Cancer Genetics Risk Assessment and Lynch syndrome.
- The NSGC Cancer Special Interest Group (SIG) continually works to provide resources to our membership through tools for their practice and educational offerings.
- NSGC continues work to increase our visibility among our healthcare provider colleagues through branding efforts and available content for providers on the NSGC website.

Recently Released Publications and/or Products:

- Essential Elements of Genetic Cancer Risk Assessment, Counseling, and Testing: Updated Recommendations of the National Society of Genetic Counselors


• 10 Rare Tumors that Warrant a Genetics Referral. Banks KC, Moline JJ, Marvin ML, Newlin A, and Vogel KJ. Familial Cancer, November 28, 2012

• “NSGC Making a Difference at the National Level – Updates to the Commission on Cancer (CoC) and National Accreditation Program for Breast Centers (NAPBC) Accreditation Standards and What it Means for Your Practice” - NSGC webinar on January 30, 2013 - presented by Scott Weissman, MS, CGC

• “Oncology Molecular Testing 101” - Association of Community Cancer Centers webinar to ACCC membership on September 20, 2012 - developed and given by Jessica Everett and Leigha Senter.

• The NSGC Cancer Special Interest Group finalized 11 cancer syndrome fact sheets that can be used by Genetic Counselors to educate patients, non-genetics providers, etc. about hereditary cancer syndromes.

• NSGC has completed a brochure entitled “The Value of Genetic Counseling”, a resource for increasing awareness among non-genetics healthcare providers about the value of partnering with a genetic counselor.

• The NSGC Cancer Special Interest Group has completed a provider education brochure entitled “Genetic Counselors - Helping to enhance YOUR clinical practice” designed to raise awareness of various service delivery models that bring genetic services to patients.

Scheduled Conferences/Meetings/Educational Programs (please include title(s), date(s), abstract submission deadline(s) and location(s):

• Genetics Panel Presentation - CoC Survey Savvy conference – Chicago - June 27-28, 2013
  Cancer Risk Assessment and Genetic Counseling – Options for Success
  William Laffey, MBA;
  Deborah Wham, MS, CGC

  Cancer Genetic Counseling Assessment Tool
  Zohra Ali-Khan Catts, MS, CGC

  Accessing and Utilizing Genetic Counselors
  Stephanie A. Cohen, MS, CGC, LGC

• NSGC 2013 Annual Education Conference, October 9-12 (Anaheim, California) with Pre-Conference Symposium which includes a day-long course featuring presentations by cancer genetics experts regarding cancer gene panel testing

• Annual Education Conference (AEC) Recordings
• 2012 AEC and Pre-conference Symposia Recordings
• 2011 AEC and Pre-conference Symposia Recordings
• 2010 AEC and Pre-conference Symposia Recordings

• **Currently available online educational opportunities:**
  • 2013 Journal of Genetic Counseling CEU Program
  • NSGC Online Course: *Why choose just one gene? Large panel tests for genetic conditions.*
  • NSGC Online Course: Genomics
  • NSGC Online Course: The Common Disease in the Family History
  • NSGC Credentialing Course: Do You Need to Take Control of the Revenue You Generate? How to Become a Credentialed or Preferred Provider
  • NSGC Coding Course: Learn the 3 C's to Maximize Your Service Delivery Model: Coding, Credentialing, and Compliance

*Please briefly describe your legislative/advocacy agenda, if applicable:*
• NSGC's Federal advocacy efforts focus on improving access to quality genetic counseling services and ensuring the genetic counseling profession is a recognized and integral part of the healthcare system.
• Introduce federal legislation providing recognition and reimbursement for genetic counselors under the Centers for Medicare & Medicaid Services (CMS). When enacted, the legislation will improve access to genetic counselors.
• NSGC supports state licensure efforts for genetic counselors. State licensure for genetic counselors has now been achieved in 16 states and is currently being sought in another 17 states.

*Please list emerging issues within your organization that the CoC should become engaged/involved in:*
• Support NSGC’s federal efforts towards improving access to genetic counselors (CMS legislation).
• Support genetic counselor state licensure efforts.
• Promote appropriate utility of cancer risk assessment and genetic counseling in alliance with the CoC and NAPBC Genetics standards.

*Submitted by*: Scott Weissman, MS, CGC  
*Date*: April 1, 2013
Organization Name: National Surgical Adjuvant Breast and Bowel Project (NSABP)

Year Joined the CoC: 1996

Mission Statement: To conduct clinical trials in breast and colorectal cancer research.

Website: www.nsabp.pitt.edu
http://Foundation.NSABP.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

- The NSABP has conducted breast and bowel research as an NCI National Clinical Trials Group for 55 years. This is our 46th year of continuous federal funding. In response to the IOM report, we are joining with the Radiation Therapy Oncology Group (RTOG), and Gynecologic Oncology Group (GOG), to join our organizations and move our scientific efforts forward. We are redefining our vision for the future of our combined research so that we will be effective in the era of personalized medicine.
- The new corporation, which has now been put in place, NRG Oncology Foundation, will receive the government grant. The working groups have recommended a scientific direction for the new multi-disease, multi-modality group and this structure is being put in place. The structure and process necessary to manage NRG Oncology are also being developed.
- Identify and implement appropriate strategies to effectively reduce the time required to develop clinical studies that meet the NSABP’s stringent scientific standards and rigorous operational requirements. Science and medicine are moving rapidly and new agents and combinations of agents need to be tested in the clinical arena with speed and accuracy. Success in this effort will meet several organizational goals identified for our next 5 year grant period. We have been successful in our early efforts to improve our effectiveness. We have proven our ability to make these changes while also working diligently to merge our scientific agenda into opportunities to improve effectiveness. We will now expand these efforts.

Recently Released Publications and/or Products:

- SEE ATTACHED INFORMATION

Scheduled Conferences/Meetings/Educational Programs (please include title(s), date(s), and location(s):

- NRG Full Membership Meeting, February 6-9, 2014, San Diego, CA

Please briefly describe your legislative/advocacy agenda:

- Active Advocacy Working Group members participate in review of NSABP clinical projects and represent the organization as members of national committees.
- Group meets face-to-face biannually with teleconferences as necessary.
Please list emerging issues within your organization that the CoC should become engaged/involved in:

- Educate the public in the value of clinical trials and the contribution this research has made to innovations in patient care.
- Inform patients of the reasons it is vitally important they agree to contribute tissue when they participate in a trial. Essential to the development of personalized treatment.
- The consolidation of the National Clinical Trials program and the associated financial and governance issues related to the future of the federally sponsored clinical research system. Integration of the scientific program of the newly formed Groups will require sufficient time and adequate funding to assure the productivity of the organizations and the quality and integrity of the science.
- Working with industry and academia, we are developing a molecularly profiled tumor repository. Patient samples will be analyzed looking for specific genetic changes. Once the changes are identified, patient treatment can be personalized. It is important that cancer patients be aware of these advances.

Submitted by: Thomas Julian, MD  
Date: March 26, 2013
Organization Name: North American Association of Central Cancer Registries

Year Joined the CoC: 1996

Mission Statement: The mission of the North American Association of Central Cancer Registries is to: 1) develop and promote uniform data standards for cancer registration; provide education and training; 2) certify population-based registries, aggregate and publish data from central cancer registries and; 3) promote the use of cancer surveillance data and systems for cancer control and epidemiologic research, public health programs, and patient care to reduce the burden of cancer in North America.

Website: www.naaccr.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

- **Develop Priority Area Networks** centered on each of the Priority Areas identified in the Strategic Management Plan: strategic alliances, standardization and registry development, research and data use, and policy and communication.
- **Strategic Alliances**: strengthening relationships with partners in the cancer and surveillance communities, as well as initiating new strategic alliances and collaborations.
- **Standardization and Registry Development**: developing consensus standards and best practices for collection and processing cancer and patient information, and providing technical assistance to member organizations.
- **Research and Data Use**: developing tools that facilitate and enhance data utilization and metrics for evaluating data elements of high priority to researchers.
- **Policy and Communication**: accelerating the use of the internet, social networks, blogs and other communication approaches to strengthen NAACCR’s recognition throughout the cancer community and public.

Recently Released Publications and/or Products:

- **Automated Geospatial Geocoding Interface Environment** (AGGIE) System.
- **NAACCR v12 SAS Translation Tool** (translate NAACCR v12 fields to SAS data sets).
- **NAACCR v12 Microsoft Access Translation Tool** (MS Access database that contains an import/export specification for the v12 NAACCR record layout).
- **NAACCR Data Standards and Data Dictionary version 13** (last revised February 2013).
in the United States and Canada, June 2012.

**Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), abstract submission deadline(s) and location(s):

- **NAACCR 2013 Annual Conference.** Thinking Big: The Future of Cancer Surveillance”. Austin, TX, June 8-14, 2013.
- **NAACCR CTR Preparation and Review Webinar Series.** Online interactive instructions with live instructors.
- **2012-2013 Cancer Registries and Surveillance Webinar Series** - NAACCR presents a different three-hour webinar on the first Thursday of each month.
- **Mentor Fellowship Program** provides an opportunity for one-on-one training with a mentor in a specific central cancer registry operation.
- **Process Improvement Program** provides resources for workshops that are designed to enhance data quality through improved collaboration and communication between central registries and local cancer registrars/reporters

**Please briefly describe your legislative/advocacy agenda, if applicable:**

- NAACCR is a 501c3 non-profit organization, there are no initiatives planned in the next year.

**Please list emerging issues within your organization that the CoC should become engaged/involved in:**

- Develop a new XML-based data standard positioned for easy extension to include emerging future data sources such as claims data, discharge data, and EHR data.
- Accelerate the adoption and implementation of the new XML-based data standard by cancer registries.
- Integrate the new XML standard with emerging research data systems and develop a specific example of rapid case ascertainment for clinical trial patient recruitment.
- Provide input for the Change Management Process - changes will be implemented on a two-year cycle, year one for implementation and year two for evaluation. CoC, as a standard setting organization, will have one representative in the Change Management Board of the Cancer Registration Steering Committee.
- Develop criteria for hospital cancer registry software systems capable of receiving and processing electronic reports from multiple reporting sources.
- Monitor the development of and endorse, as appropriate, implementation guides for the transmission of synoptic consultation and treatment reports.
- Identify and assess ‘fitness for use’ measures pertaining to stage, treatment, survival and other data needed for specific purposes.
- Identify, review, and evaluate the tools/reports currently available through Commission on Cancer projects.

**Submitted by:** Serban Negoita, MD, DrPH

**Date:** 04.12.2013
Organization Name: Oncology Nursing Society

Year Joined the CoC: 1982

Mission Statement: The mission of Oncology Nursing Society is to promote excellence in oncology nursing and quality cancer care.

Website: www.ons.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):
• The March 2013 issue of ONS Connect features articles that focus on how oncology nurses are adopting the CoC standards.
• Nurse navigator competencies were drafted. They will be finalized and released in 2013.
• Through the ONS Putting Evidence into Practice (PEP) resources, oncology nurses gain research-backed treatment guidelines on 20 different cancer symptoms and topics to obtain positive patient outcomes.
• Completed a three-year quality measures study that provided benchmarks in breast cancer care and breast cancer survivorship that providers could use to make across-the-board improvements in patient care.
• ONS offers programs that foster leadership in nurses, including a leadership online course, leadership webcasts, and leadership competencies. Advocacy web courses empower nurses with the skills they need to ensure their voices are heard.
• Oncology nursing certification is offered through Oncology Nursing Certification Corporation (ONCC). ONCC developed assessments for a new certification renewal method using Individual Learning Needs Assessment (ILNA), which will help to ensure that every certified nurse has current knowledge in the subject areas represented by the credential, and began work on new certification program in blood and marrow transplantation nursing.
• ONS regularly presents to the 10M on the role of oncology nurses in healthcare and attends federal agency meetings (NIH, FDA, CMs, CDC, and others), and Congressional briefings. Coalition signed letters are sent to Congress, the White House, and federal agencies raising awareness for nursing workforce, education, cancer treatment, cancer research, and patient care.
• Meets with Congressional offices to discuss passage of Improving Cancer Treatment Education Act that will amend Medicare to provide for coverage of comprehensive cancer patient treatment education.
• Received a grant from the Agency for Healthcare Research and Quality (AHRQ), "Dissemination of Caregiver-Centered Outcomes Research to Clinicians by the Oncology Nursing Society." This is a three-year grant developed by the research, education, and grants departments, with Gail Mallory as the principal investigator.

Recently Released Publications and/or Products:
• Caring for the Older Adult With Cancer in the Ambulatory Setting
• Telephone Triage for Oncology Nurses (2"d ed.)
• Nurturance for Nurses Perpetual Calendar
• Putting Evidence Into Practice: Chemotherapy-Induced Nausea and Vomiting Resource
• Putting Evidence Into Practice: Pharmacologic and Nonpharmacologic Interventions for Pain
• Cancer and Complementary Medicine
• Current Trends in Oncology Nursing
• Hematopoietic Stem Cell Transplantation: A Manual for Nursing Practice (2nd ed.)
• Understanding and Managing Oncologic Emergencies: A Resource for Nurses (2nd ed.)

Scheduled Conferences/Meetings/Educational Programs:
• Connections: Advancing Care Through Science, Nov. 8-10, 2013, Dallas, TX
• ONS 39,
• Annual Congress, May 1-4, 2014, Anaheim, CA
• CNE Central: ONS's unique online system to deliver continuing nursing education using streamlined navigation and interactivity:

Topics include:
• Site-specific cancers
• Leadership development
• Blood and marrow transplant
• Radiation oncology certification
• Cancer genetics
• All virtual eConferences on the topics of Quality & Safety in Chemotherapy Administration and Care Coordination (planned for 2013, but not yet scheduled)

Please briefly describe your legislative/advocacy agenda, if applicable:
• ONS respectfully calls on the U.S. Congress and the Obama Administration to:
• Promote and improve cancer symptom management and pain control;
• Advance and ensure access to quality cancer prevention and care; and
• Bolster the nation's nursing workforce to safeguard public health

Please list emerging issues within your organization that the CoC should become engaged/involved in:
• Patient navigation and survivorship
• Oncology nursing leadership
• Oncology workforce shortage and how advanced practice nurses are filling the gap
• Meeting the oncology educational needs of nurses practicing in a non-oncology setting.
• Health information technology/electronic health records.

Submitted by: Carma Herring, RN, MS, OCN
Date: March 21, 2013
Organizations Name: Society of Gynecologic Oncology

Year Joined the CoC: 1989

Mission Statement: To promote the highest quality of comprehensive clinical care through education and research in the prevention and treatment of gynecologic cancers.

Website: www.sgo.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

- **NCDB PUF Research Projects and Manuscripts:**
  1. To be published in an upcoming issue of the Journal of the National Cancer Institute: Disparities in Epithelial Ovarian Cancer Care Quality and Survival According to Race and Socioeconomic Status: A Study of 47,160 Patients from the National Cancer Data Base
     Bristow RE, Powell MA, Al-Hammadi N, Chen L, Miller JP, Roland PY, Mutch DG, Cliby WA. This study was selected as the 2012 Presidential Outstanding Abstract Award and was discussed at the SGO’s 43rd Annual Meeting on Women’s Cancer.
  2. Adherence with National Comprehensive Cancer Network (NCCN) Guidelines Associated with Improved Survival in Ovarian Cancer Patients, A Study of 144,449 Patients From the National Cancer Data Base
  3. Patterns of Ovarian Cancer Care in the United States: Call to Action for Gynecologic Cancer Specialists
     William A. Cliby, MD, Matthew A. Powell, MD, Noor Al-Hammadi, MPH, Ling Chen, MSPH, PhD, J. Philip Miller, PhD, Phillip Y. Roland, MD, David G. Mutch, MD, Robert E. Bristow, MD, MBA
  4. SGO Analysis of the NCDB Experience in Endometrial Cancer: Patterns of Care, Identification of Quality Indicators, and Analysis of Factors Related to Disparities in Outcome.

- **SGO Quality Registry Development**
  The SGO Quality and Outcomes Committee continues to explore a number of registry options to identify the instrument that would best meet the needs of SGO membership. Assessments are being conducted to investigate several important factors including, but not limited to, ease of data collection, member willingness to participate, and ability to collect data on performance measures.

Recently Released Publications and/or Products:
Publications mentioned above

Scheduled Conferences/Meetings/Educational Programs (please include title(s), date(s), and location(s)):
The 2013 Annual Meeting on Women’s Cancer was held on March 9 - 12, 2013, in Los Angeles, California. Detailed information can be found on the SGO Annual Meeting Website at https://www.sgo.org/education/annual-meeting-on-womens-cancer/
Please briefly describe your legislative/advocacy agenda:
- Preserve funding in the Ovarian Cancer Research Program at the Department of Defense for FY 2013 and FY 2014. Coordination with other Congressionally Directed Research Programs to ensure that requests are moving in the same direction to protect the program.
- Provided comment to the Ways and Means Committee and the Energy and Commerce Committee regarding repealing SGR and providing a period of stable payments, and to reform Medicare’s FFS Payment System to better reflect the quality of care provided by gynecologic oncologists.
- SGO 2012 Practice Summit Report presented to illustrate the definition of high gynecologic cancer care, how to measure it, systems to deliver the care and payments that would support the care.
- Increase grass roots activities by SGO members through training, visits and tours.

Please list emerging issues within your organization that the CoC should become engaged/involved in:
Nothing at this time

Submitted by: Edward C. Grendys Jr., MD, FACOG, FACS
Date: April 2, 2013
Organization Name: Society of Surgical Oncology, Inc.

Year Joined the CoC: 1976

Mission Statement: The mission of the Society of Surgical Oncology is to ensure that all cancer patients receive the highest quality, comprehensive, multimodal cancer care. The society will accomplish this by providing dynamic leadership and a substantial commitment to excellence in the broad specialty of surgery and surgical oncology.

Website: www.surgonc.org

Major Projects/Key Initiatives Underway:
- In October 2012, the SSO completed its transition to a self-managed, stand-alone Society to better serve the needs of its membership. The Society opened a Headquarters office in Rosemont, IL, and employs 9 full-time staff members, supplemented by several service vendors and independent contractors.
- The Society’s membership is at an all-time high with more than 2,800 members.
- SSO’s NEW Surgical Oncology Self-Assessment Program (SOSAP), an on-line source for members to obtain Maintenance of Certification (MOC) Part II and CME credits, will be launched at the end of April 2013.
- Plans are underway for the SSO to offer CME and MOC Part II credit through articles published in the Society’s official journal, the *Annals of Surgical Oncology*. The service will commence in July of this year.
- The Society continues its efforts with the ABMS to implement a Certificate of Subspecialty in Complex Surgical Oncology; implementation to be completed by Fall, 2014.
- The SSO Executive Council has approved funding for an expansive international outreach program, beginning with five international surgical oncology groups over the next few years. The SSO already has collaborative agreements in place with the Japanese Society of Gastroenterological Surgeons and the European Society of Surgical Oncology.
- The SSO 2013 Fellows Institute for Surgical, Breast and HPB Oncology Fellows will be offered November 6-8 in Cincinnati, OH.
- The Society has established the Distinguished Service Award to honor Surgical Oncologists who have demonstrated outstanding contributions to surgical oncology through service to the SSO, research or for enhancing clinical care. The first honoree awarded this distinction at SSO 2013 was David P. Winchester, Sr., MD.
- The SSO appreciates the Commission on Cancer’s support of some aspects of the SSO 2013 meeting.

Recently Released Publications and/or Products:
The first SSO Virtual Conference was offered on-line in conjunction with the Society’s Annual Cancer Symposium, SSO 2013. Five sessions from SSO 2103 are now being offered online for MOC Part II credit. The Annals of Surgical Oncology disseminated all abstracts relating to SSO 2013 on-line.

**Scheduled Conferences/Meetings/Educational Programs** (please include title(s), date(s), abstract submission deadline(s) and location(s):

I. SSO Fellows Institute – November 6 – 8, 2013, Cincinnati, OH
II. SSO 2014, the SSO Annual Cancer Symposium – March 13-15, 2014, Phoenix, AZ.

**Please briefly describe your legislative/advocacy agenda, if applicable:**

- Member: ASCO Cancer Quality Alliance.
- Supporter of the American College of Surgeons’ Ambulatory Quality Alliance (AQA) and Surgical Quality Alliance (SQA).

**Please list emerging issues within your organization that the CoC should become engaged/involved in:**

- The SSO welcomes opportunities to work with the CoC membership and to recruit new CoC members to the SSO. The CoC membership clearly represents a strong body of surgeons who are committed to the goals and mission of the SSO as an academic professional Society.
- The SSO welcomes opportunities to partner with the CoC in support of its new strategic plan to address disparities in surgical care of cancer patients.
- SSO is an active supporter of the National Accreditation Program for Breast Centers (NAPBC) and is represented on the NAPBC Board of Directors by Drs. Scott Kurtzman and Paul Baron.

Submitted by: David Bimston, MD
Date: April 26, 2013
Organization Name: The Society of Thoracic Surgeons
Year Joined the CoC: 1995
Mission Statement: The mission of The Society of Thoracic Surgeons is to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy.
Website: www.sts.org

Major Projects/Key Initiatives Underway (please briefly describe the top 6 priorities):

• **General Thoracic Surgery Database (GTSD):** As of December 31, 2012, the GTSD included 781 surgeon participants with a total of 330,558 records captured since its inception in 2002.

• **Quality Performance Measures:** STS has developed and maintains seven lung cancer and esophageal cancer measures endorsed by the National Quality Forum. The GTSD Task Force is in the early stages of developing measures for public reporting.

• **Clinical Practice Guidelines and Clinical Statements:** In 2013, the STS Workforce on Evidence Based Surgery will release four clinical practice guidelines on esophageal cancer, and the STS CT Screening for Lung Cancer Task Force will release a Clinical Statement on the Role of the Surgeon and Surgical Issues Relating to CT Screening Programs for Lung Cancer.

• **Webinars:** With an eye toward providing an interactive forum for sharing information and fostering quality improvement, in 2012 the STS Task Force on Quality Initiatives held its first webinar on Blood Conservation. A second webinar on Glycemic Control will be held in April 2013.

• **Collaborative Projects:** STS will assist with the 2014 Gastrointestinal Cancers Symposium, a collaboration among the American Society of Clinical Oncology, American Gastroenterological Association, the American Society for Radiation Oncology, and the Society of Surgical Oncology.

• **Patient Safety:** The STS Workforce on Patient Safety is collaborating with the American Board of Thoracic Surgery to develop a specialty-specific, patient safety e-learning course that meets Maintenance of Certification requirements. The Workforce is also developing crisis situation checklists for use by thoracic surgeons.

Recently Released Publications and/or Products:


• STS 49th Annual Meeting Online offers courses held Jan. 26–30, 2013, in Los Angeles, including sessions on lung and esophageal cancer.

Scheduled Conferences/Meetings/Educational Programs
• The STS 50th Annual Meeting will be held January 25–29, 2014, in Orlando, and will include numerous lung and esophageal cancer related sessions.

Please briefly describe your legislative/advocacy agenda, if applicable:

Lung Cancer Research Legislation Signed into Law
On January 2, 2013, the President signed the National Defense Authorization Act for FY 2013 into law. The law includes language from the groundbreaking Recalcitrant Cancer Research Act that directs the National Cancer Institute to convene a working group and establish a scientific framework for recalcitrant cancers, such as lung cancer, which are defined as types of cancers that have a 5-year relative survival rate of less than 20% and are estimated to cause at least 30,000 deaths annually. The framework must be sent to Congress within 18 months. This is a great “win” for STS advocates and their patients who sent hundreds of letters to members of Congress in support of lung cancer research funding.

STS Provides USPSTF with Experts on Lung Cancer Screening
In response to a request from the U.S. Preventive Services Taskforce (USPSTF), STS has proposed three subject matter experts to serve as scientific reviewers for the USPSTF Topic Group for Stakeholders on Screening for Lung Cancer. The experts are Nasser Altorki, MD, STS Secretary Keith S. Naunheim, MD, and STS President Douglas E. Wood, MD.

Please list emerging issues within your organization that the CoC should become engaged/involved in:
• Lung Cancer Screening

May we post the name and contact information on the CoC Website along with this rep
√ Yes, you can post my contact information on the CoC Website.
• Yes, you can post my name, facility, city, and state ONLY on the CoC Website.

If you do not want your full contact information posted on the CoC Website, can you provide the name and contact information for a staff person from your organization that inquiries can be directed to?

We would like to cobrand this report. Please send us your organization’s logo in a vector file format.
√ Yes, you can use my logo on this report.
√ Yes, you can use my logo on the Commission on Cancer website only.

Submitted by: Michael Lanuti, MD on behalf of the Society of Thoracic Surgeons
Date: March 28, 2013
NQF measures 28, 41, 326, 383, 384, 386, and 419 are used in the PAAROT program.


iv Please visit our website at [https://www.astro.org/Practice-Management/Practice-Accreditation/Index.aspx](https://www.astro.org/Practice-Management/Practice-Accreditation/Index.aspx) to review the draft standards and submit comments. The comment period is April 9 – May 17, 2013.


vi NQF measures 398, “Prostate Cancer: Avoidance of Overuse Measure – Bone Scan for Staging Low-Risk Patients” and 390, “Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Patients” are included in the NROR.