

Dear Cancer Liaison Physicians:

Happy New Year! We hope 2024 is off to a good start for all of you.

The Commission on Cancer (CoC) is planning two virtual Cancer Liaison Physician (CLP) meetings this year, on **April 17** and **October 9**. Please keep an eye out for emails with more information, including a registration link. If you have suggested agenda topics for these meetings, please send them to ACS Cancer Programs Communications and External Relations Manager Melissa Leeb at [mleeb@facs.org](mailto:mleeb@facs.org). In the meantime, the following are a few recent CoC updates that I hope you'll find useful in your role as the CLP for your program.

### **Don't Miss the 2024 ACS Cancer Conference**

Register today for the [2024 ACS Cancer Conference](#), February 22-24 in Austin, TX. The conference [agenda](#) has been designed to address new accreditation standards, services, and resources to improve care, and future innovations that have been developed to support CoC-accredited programs and the patients they serve. Sessions will focus on quality improvement, operative standards, the corrective action process, and more. Contact the [Cancer Programs Education Team](#) with any questions.

### **NCDB Adding New Quality Measures**

The National Cancer Database (NCDB) is adding four new quality measures in 2024, in addition to clinical updates to two existing quality measures. An official release date will be announced shortly, and accredited programs will be notified as to when the measure specifications can be accessed in the Rapid Cancer Reporting System (RCRS) library.

The new quality measures are as follows:

- For patients with any stage cervical cancer treated with primary radiation with curative intent, brachytherapy is used.
- For patients with low grade Ta bladder cancer undergoing transurethral resection of bladder tumor, intravesical chemotherapy\* is administered within 24 hours of the procedure.

\*chemotherapy within 24 hours of the transurethral resection assumed to be intravesical however the NCDB does not differentiate this from systemic chemotherapy

- For patients with low-risk prostate cancer (Gleason  $\leq 6$  and PSA  $< 10$  and  $\leq cT2$ ), active surveillance is performed.
- For patients with surgically managed cT1a kidney tumors, partial nephrectomy is performed.

The following quality measures are reflective of clinical updates:

- For patients  $\leq 75$  years old with HER2+ or triple negative breast cancer with any clinical N  $> 0$  or clinical T  $> 1$ , neoadjuvant chemotherapy and/or immunotherapy is initiated within 60 days of diagnosis, or recommended
- For patients with surgically treated clinical T4NanyM0 or TanyN2M0 rectal cancer, neoadjuvant radiation therapy is initiated within 9 months prior to resection or recommended.

### **NCDB Releases 2021 PUF**

The NCDB has released the 2021 Participant User File (PUF). Investigators at CoC-accredited programs may now access 2021–2004 data. Consult the data dictionary for a complete list of fields and corresponding definitions. All of the supporting resources for the PUF are available on the [NCDB PUF webpage](#). Contact [ncdb\\_puf@facs.org](mailto:ncdb_puf@facs.org) for more information or with any questions.

### **New Resource: Accreditation Policies and Processes**

The new Accreditation Policies and Processes, located in the [QPort Resources](#), has been created for the CoC, National Accreditation Program for Breast Centers (NAPBC), and National Accreditation Program for Rectal Cancer (NAPRC) to assist programs with understanding the accreditation process and expectations. This new document combines established policies and processes into one document for each program, as well as links to other resource documents related to the process for ease of accessibility.

### **CoC Standards Updates**

- **Operative Standards (5.3-5.6) during Initial Site Visits:** Starting with 2024 site visits, a site undergoing its first accreditation visit may meet CoC Standard 5.3-5.6 through an [alternative compliance pathway](#). To do so, the site must perform an internal audit of its compliance with Standards 5.3-5.6. If compliance does not meet expected technical and/or documentation requirements, an action plan must be developed. The corrective action plan must outline the specific issue(s) affecting compliance and the interventions that will be implemented to achieve compliance. The results of the internal audit and the action plan must be documented in the cancer committee minutes. If there are issues with more than one standard, an action plan must be developed for each potentially noncompliant standard.
- **CoC Standard 7.1 to Remain on Hold for 2024:** Due to ongoing upgrades, CoC Standard 7.1: Quality Measures will not be evaluated during 2024 site visits. 2023 and 2024 cancer program activity for Standard 7.1 will also not be evaluated at future site visits. For more information, please review the National Cancer Database [Quality Measures webpage](#). Please post any questions to the Standard 7.1 section of the [CAnswer Forum](#).
- **Alternative Compliance Option for CoC Standard 4.2:** If a program due for a site visit in 2024 determines it is not currently capable of meeting the measures of compliance required by *CoC Standard 4.2: Oncology Nursing Credentials*, then the program is allowed to develop and implement a [corrective action plan](#) to help achieve compliance. The corrective action plan must outline the specific issue(s) affecting compliance and the interventions that will be implemented to achieve compliance. The specifics of the action plan must be documented in the cancer committee minutes. Successful documentation of a substantive action plan will result in a “deficient but resolved” rating during the 2023 site visit. This acknowledges that the program did not meet the measure of compliance for *Standard 4.2* but does not impact the program’s accreditation status or require submission of corrective action materials to resolve the standard.
- **Accreditation Outcomes Update for New Programs:** Sites undergoing an initial site visit, including initial network site visits, may now receive up to four non-compliant standards during the initial site visit for an opportunity to achieve accreditation. This raises the number from two

to four. New sites, including new Integrated Network Cancer Programs and NCI Networks (“networks”), with one-to-four non-compliant standards during the initial site visit will receive Not Accredited-Corrective Action Required status. Once the noncompliant standards are resolved through the corrective action process, Accredited status will be granted. These statuses apply to all hospitals within a new network, including those that were previously individually accredited. Five or more non-compliant standards will result in a Not Accredited status. A site receiving a Not Accredited status may reapply as a new program after one full calendar year. This update will be reflected in *Optimal Resources for Cancer Care (2020 Standards)* at a later date. Questions related to this change may be submitted to [CoC@facs.org](mailto:CoC@facs.org).

### **Operative Standards FAQs Updated**

The [Frequently Asked Questions](#) document in the Cancer Surgery Standards Program (CSSP) Operative Standards Toolkit has been updated to reflect recent questions on Operative Standards 5.3-5.8. Updates include but are not limited to recent clarification that has been provided on Standard 5.5. Bookmark the FAQ document or the [Operative Standards Toolkit](#) to reference questions that you or your program may have regarding the Operative Standards. If you have questions that are not answered in this document, you may visit the [Cancer Forum](#) or reach out to [CSSP@facs.org](mailto:CSSP@facs.org).

### **Application Open for COC Standard 5.8 Lung NODES Initiative**

COC-accredited programs are eligible to participate in the [Standard 5.8 Lung NODES \(Nodal, Operative, Dissection, Evaluation, and Staging\) National Quality Improvement Project](#) to earn credit for CoC Standard 7.3 and toward CoC Standard 5.8. The deadline to submit the [application](#) is **February 29**. Contact [cancerqi@facs.org](mailto:cancerqi@facs.org) with questions.

### **American Cancer Society Update**

- The American Cancer Society has released **Cancer Statistics 2024**, the organization’s annual report on cancer facts and trends. The new data show overall cancer mortality has continued to decline, resulting in over 4 million fewer deaths in the United States since 1991. However, this progress is jeopardized by increasing incidence for 6 of the top 10 cancers as the projected number of new diagnoses now tops 2 million (2,001,140) for the first time. These important findings are published in [CA: A Cancer Journal for Clinicians](#), alongside its consumer-friendly companion, *Cancer Facts & Figures 2024*, available on [cancer.org](http://cancer.org).
- **American Cancer Society Leadership in Oncology Navigation (ACS LION™) Program**: New from the American Cancer Society, ACS LION is a standardized training and credentialing program for patient navigators providing non-clinical support. The program meets the CMS training requirements for “Principal Illness Navigation” reimbursement and is aligned to professional oncology navigation standards. In addition, the American Cancer Society is supporting oncology providers with information and resources to help build effective and efficient professional navigation services.
- March is Colorectal Cancer Awareness Month: Look for resources and updates from the [National Colorectal Cancer Roundtable](#) website. The CoC will also provide resources, available later this month in the Marketing Resources section of your site's [Quality Portal \(QPort\)](#).
- The American Cancer Society [Caregiver Resource Guide](#) is a tool for people who are caring for someone with cancer. The guide helps caregivers better understand what their loved ones are going through, develop skills for coping and caring, and take steps to protect their own health and well-being.

Thank you for all you do as your cancer program's CLP to improve the quality of care for cancer patients.  
Please contact your State Chair with any questions about the CoC or your program's accreditation.