NEWSCLiPs

An Update for Cancer Liaison Physicians from the Commission on Cancer of the American College of Surgeons

Cancer Liaison Initiatives

Commission on Cancer®

American College of Surgeons

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Highest Standards, Better Outcomes

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NEWSCLiPs

Greetings, Cancer Liaison Physicians!

Welcome to the 2018—First Edition of NewsCLiPs

Peter Hopewood, MD, FACS, Chair, Committee on Cancer Liaison

Sometimes I think the mission of Cancer Liaison Physicians (CLPs) is impossible. *"Good morning CLPs. Your mission, should you decide to take it, is to improve cancer survival and survivorship. As always, should you or any member of your team fail, then the Commission on Cancer and National Cancer Database can help you with this mission."* My apologies for editing the original 1966 Mission Impossible television series introduction.

Being an effective CLP requires many skills. One of the most important is to **identify the barriers to improve cancer survival and survivorship in your cancer program.** The process to identify and tear down these barriers is within the Commission on Cancer (CoC) Standards for Cancer Programs. The focus of these standards has evolved over the years from structure (cancer committee members, committee meeting frequency, attendance, and so on) to process and, currently, outcomes. They all relate to one another. Here are two examples how the standards work in tandem.

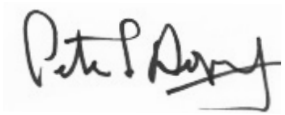
Your triennial Community Health Needs Assessment, National Cancer Database (NCDB) benchmark comparison reports and Cancer Quality Improvement Program (CQIP) will identify which cancer sites have late-stage disease at diagnosis. Your NCDB benchmark comparison reports will identify the demographic data

of patients with late-stage disease form a specific site. This analysis identifies prevention and screening programs targeted to a specific cancer site and demographic group (for example, lung cancer among white Caucasian men under 60 years old with private insurance). A community outreach analysis of smoking cessation and LDCT programs is performed to assess their effectiveness. Based upon these results, navigation services for lung cancer patients are enhanced and the cycle repeats longitudinally until the goal is met—a decrease late-stage lung cancer.

CQIP and NCDB benchmark comparison reports show time to first treatment for breast cancer. Patients in the fourth quartile (> 42 days) are outliers, and recent data suggest patients in the third quartile (> 30 days) are also at risk for lower survival rates. A review of time lines from clinical detection of a breast abnormality to first treatment can be performed to find the hold-ups. Are they provider and/or health care system issues (for example, diagnostic imaging to biopsy, pathology reporting after core biopsies, notifying the patient or PCP with the diagnosis, accessing specialty appointments, breast MRI, OR availability, and so on)? This is a quality study with many national benchmarks for comparison. This study will lead to several quality improvements. Time to first treatment is available for all cancer sites in the NCDB benchmark reports, whereas CQIP only lists six (breast, lung, colon, prostate, and melanoma).

This CLiPs newsletter will not self-destruct in five to 10 seconds, so read on and complete your mission.

Best wishes,



Peter Hopewood

NEWSCLiPs

State Chair Comments

National Cancer Database 2018 Call for Data Now Open

Matthew Facktor, MD, FACS
Chair, Quality Integration Committee

The Commission on Cancer is committed to assisting accredited cancer programs with maintaining the highest level of data quality possible. We appreciate your facility's participation and contribution to the National Cancer Database. Data submissions are essential for assessing and improving the quality of cancer patient care. The information generated from the NCDB enables cancer programs to compare treatment and outcomes with regional, state, and national patterns.

The NCDB is experiencing exciting times. Over the next two years, we are transitioning to an all-new systems and database vendor, IQVIA. Once fully implemented, the new Rapid Cancer Reporting System (RCRS) will merge the current RQRS and CP3R functionalities into a single, user-friendly application. Programs will no longer be required to redundantly submit data to two separate data submission portals, and all case updates will occur via resubmission of cases. Programs will eventually be submitting any new or updated cases on a monthly basis (temporally aligning with submissions to state cancer registries), and the massive Annual Call for Data will be phased out.

As a result, the NCDB is presently taking the unique opportunity to refresh the data in the NCDB and move to 100 percent submissions-based operations. To support this transition, this year the 2018 Call for Data initial submission window will run from **January 8, 2018, through June 1, 2018.** Corrections are also due by **June 1, 2018.** A general overview is provided below. Please visit *facs.org/quality-programs/cancer/ncdb/datasub/registrars* for specific details.

The 2018 Call for Data will be the first time that all cancer cases diagnosed in 2016 are submitted to the NCDB. **Full analytic caseload** for the diagnosis years of **2004 through 2016** must be submitted. In addition, all analytic cases added or changed by the hospital registrar since December 1, 2016, must be submitted for cases diagnosed between the cancer program's Reference Year (or 1985 if the Reference Year is earlier than 1985) and **2003**, inclusive. **Only submissions in the NAACCR Version 16.0** record layout will be accepted. Registry software will have built-in procedures to assist registrars with case selection. Registries are strongly encouraged to submit their data early during the data submission window rather than waiting until the deadline to enable smoother processing and allow for time to address any issues that may arise.

Compliance with **CoC Standard 5.5** (Timeliness and Completeness) applies to all cases collected by the NCDB in 2018. Due to the magnitude of data required to be submitted and to reduce temporal pressure on vendors and registrars, this year ***initial submission of all required cases is due by 12:00 midnight the night of June 1, 2018, central time.*** Cases from any diagnosis year that are "rejected" have technically not been submitted and must be corrected and resubmitted by **June 1, 2018**, for compliance with Standard 5.5.

For the Call for Data 2018, **CoC Standard 5.6** (Accuracy of Data) applies to all cases diagnosed in **2004** or later. For compliance with Standard 5.6, all cases that generated edit errors upon initial submission that were diagnosed in **2004 through 2016** must be corrected and resubmitted by **June 1, 2018**. Programs are encouraged to submit any necessary corrections promptly. To be eligible for commendation, all cases diagnosed in **2004 through 2016** must be error free at initial submission and submitted by **June 1, 2018**.

The NCDB provides many mechanisms for programs to track their submissions. An initial e-mail is sent acknowledging data submissions are received, followed by a second notification that lists the number of cases submitted by diagnosis year, and whether any rejected cases or cases with edit errors that need to be corrected and resubmitted. The NCDB recommends that programs retain copies of all notifications related to data submission until after those submissions are surveyed. Registrars are required to review their data submissions on CoC Datalinks using the NCDB: Data Submission History and Edits link to ensure that all cases submitted are successfully received and processed.

Everything necessary to prepare for the NCDB Call for Data can be found at ***facs.org/quality-programs/cancer/ncdb/datasub***. If you or a member of your cancer program team has any questions regarding the NCDB Call for Data, please contact the NCDB User Support Specialist Staff at ***NCDB@facs.org.***

2018 CoC and NAPBC Accreditation Fees

Revised January 4, 2018

Beginning January 1, 2018, both the *Commission on Cancer (CoC)* and the *National Accreditation Program* for Breast Centers (NAPBC) are introducing new annual accreditation fees.

The 2018 annual CoC fees are now based on the *accreditation category* assigned to the program. Detailed information on the 2018 CoC-accredited program fee schedule is available to the Cancer Program Administrator, Cancer Committee Chair, Cancer Liaison Physician, and CTR through the CoC Datalinks portal. Other Datalinks users who need information on the 2018 fee should contact one of the staff at their facility in the roles listed previously.

If you serve in one of these roles, please access *CoC Datalinks* and log in using your Datalinks username and password. For assistance with your username and password, please e-mail *CoCDatalinks@facs.org.* For questions about fees and CoC invoices, please e-mail *accreditation@facs.org.*

Advocacy Committee of the Commission on Cancer

This is the first article to keep you informed of the work of The Advocacy Committee of the Commission on Cancer, one of the standing committees of the CoC. The role of the Advocacy Committee is to be informed of pending legislation and assist in initiating legislation at the national and state levels that impacts health care. The Commission on Cancer advocates for cancer research, funding, education, prevention, and treatment of cancer patients. The work of the committee is facilitated by the multidisciplinary CoC and a hardworking, dedicated, and knowledgeable support staff. The work of the Advocacy Committee includes educating legislators about important pending legislation with in-person meetings, e-mails, calls, letters, and informational materials. We also participate in the College's Leadership & Advocacy Summit held each year in May.

Legislation we supported this year includes coverage for colorectal screening (H. R. 1017) and funding for research and treatment of childhood cancers "STAR Act" (H. R. 820, S. 292). This is a time of health care transition. We educated legislators on the importance of maintaining coverage for screening, prevention, clinical trial funding, elimination of lifetime and annual caps for health care coverage, eliminating preexisting condition exclusions, and maintaining children on health care coverage till age 26 as important components of the Affordable Care Act. This was accomplished through relationships we have with other organizations, including the American Cancer Society and One Voice Against Cancer (OVAC).

At the state level there was important legislation in some states relating to regulating tanning beds with minors, use of sun screens in schools when children are outside during the school day, continued protections of the Affordable Care Act, quality of life and palliative care issues, healthy eating and active lifestyle initiatives, and smoking cessation.

We encourage all State Chairs and Cancer Liaison Physicians to support important legislation by contacting their national and state senators and representatives. One important resolution needing support now is H. Res. 503, "Recognizing the importance of cancer program accreditation in ensuring comprehensive, high-quality, patient-centered cancer care." Bipartisan co-sponsors are Representative Lynn Jenkins of Kansas and Representative Mike Thompson of California. Please contact your representatives in Congress in support of this resolution. If there is legislation in your state or a national issue you need information on or help with, please let us know.

Are you a CHAMPION?

Carolyn M. Jones, Coordinator, Cancer Liaison Initiatives

One of the words the CoC commonly uses to describe a Cancer Liaison Physician is CHAMPION. Of course you have a practice and are saving lives daily; that fact in itself qualifies you as a champion. However, when it comes to the quality of cancer care for your patients in your cancer program, are you a CHAMPION? When it comes to the data, are you a CHAMPION? Does your participation lead to commendation or deficiency? One of your primary roles is to look at the data and interpret, analyze, and measure. Do you lead in this endeavor or do you just deliver a quarterly report to meet standard 4.3?

How can you lead and direct the monitoring to improve quality within your cancer center? One way is by looking for areas of quality improvement. Using the National Cancer Database reporting tools gets you inside the data to do checks and balances on how your patients are doing after they are diagnosed, treated, and survive. Think about it like this: You are the teacher, your program is the student, and these reports are the report card.

Your role is one of importance and may not receive the accolades it deserves; however, each time your leadership in monitoring, analyzing, and interpreting quality data renders better quality care for each and every cancer patient in your cancer program YOU ARE A CHAMPION.

Sometimes, meeting the standards, dotting your i's and crossing your t's, takes precedence over the bigger picture. Your role is bigger than that. It's apparent when you have a cancer survivor talk about the care he or she received at your facility and recommends you to others. It's apparent when a life is saved because the data showed there was a need to improve in quality. These results may not be identifiable immediately or with one report. Over your three-year term, however, there are very visible results.

So I ask you again, when it comes to the monitoring, analyzing, and interpreting of data, are you a CHAMPION?

Focus On: Alliance/American College of Surgeons Clinical Research Program

The mission of the Alliance/American College of Surgeons Clinical Research Program (ACS CRP) is to reduce the impact of cancer by: (1) increasing knowledge and awareness of new evidence and practice standards; (2) increasing the participation of community oncology surgeons in cancer research and cancer care activities; (3) developing and implementing evidence-based practices in surgical oncology; and (4) creating opportunities for meaningful health services research. The program comprises four committees that have unique goals and activities and that work together to reach the program's overall research goals. They include the Education Committee, Dissemination & Implementation Committee, Cancer Care Standards Development Committee, and Cancer Care Delivery Research Committee.

The Alliance/ACS CRP benefits from a close relationship with the American College of Surgeons and the Commission on Cancer, organizations that can help validate and disseminate research from the Alliance. Together, these groups share responsibility for developing surgical standards for use in Alliance clinical trial protocols and CoC accreditation as well as for disseminating new evidence-based knowledge. To learn more about the ACS CRP and to participate in its projects, please contact *clinicalresearchprogram@facs.org.*

AJCC Eighth Edition Update to Breast Chapter

The decision to delay implementation of the ***American Joint Committee on Cancer (AJCC)*** *Cancer Staging Manual, Eighth Edition* to January 1, 2018, has provided the AJCC with an opportunity to take a careful look at the way it has traditionally communicated cancer staging. Since the manual was published last fall, the AJCC has worked with the surveillance community, the pathology community, and clinical decision support software developers to take a more critical look at the content and make improvements and clarifications that will help everyone who uses this information including the registrar, clinician, and the software developer.

As part of this effort, the AJCC decided to validate and update the eighth edition breast cancer staging system using an additional years' worth of data from the National Cancer Database (NCDB). The AJCC Breast Expert Panel has recommended providing two breast cancer Prognostic Stage tables based on further analysis of the NCDB data.

The Clinical Prognostic Stage Group will be used to assign stage for all patients based on history, physical examination, imaging studies, and relevant biopsies. The Pathological Prognostic Stage Group will be used to assign stage for patients who have surgical resection as the initial treatment of their cancer before any systemic or radiation therapy. The Breast Expert Panel also recommended clinical, pathological, and post-therapy data elements that cancer registries should record.

As science continues to evolve, the AJCC is committed to validating and incorporating important updates and communicating them transparently. We understand the burden that these changes place on those who purchased the first printing of the manual. To this end, the ***entire breast cancer chapter*** of the manual is now available through the ***AJCC website***. Replacement pages for all updates and corrections made to the entire manual also are available. Future printings of the Staging Manual will include the updated breast chapter as well as other minor updates and corrections issued to date.

Please visit ***cancerstaging.org*** for education and regular updates to the eighth edition.

Free CME Credit

The AJCC and the American Cancer Society (ACS) partnered in 2016 to publish a series of disease site articles. The mission was to provide physicians with education about the AJCC Cancer Staging Manual, Eighth Edition before the January 1, 2018, implementation date. The online publications of the ACS' journal, CA: A Cancer Journal for Clinicians, has articles on the disease sites of breast, head and neck, lung, and more. Many of the articles published by ACS offer free CME Credit. To review the articles in CA: A Cancer Journal for Clinicians and claim some free CME Credits, visit our website. (link to: *https://cancerstaging.org/CSE/Physician/Pages/8thEditionArticles.aspx)*

2018 NAPBC Standards Manual Now Available

We are excited to announce the 2018 National Accreditation for Program Breast Centers Standards Manual PDF is now available.

You can download a copy of the manual by visiting ***facs.org/quality-programs/napbc/standards***. Click the 2018 NAPBC Standards Manual link at the top of the standards web page. If your browser is set to auto-download, check the downloads folder on your computer after clicking the link.

The 2018 NAPBC Standards Manual will only be available online and as a PDF. The NAPBC will not have printed copies of the manual for purchase.

Please contact us at ***NAPBC@facs.org*** with any questions or comments.

Don't Forget To...

- Check the website for updates and Cancer Program News at *facs.org/quality-programs/cancer/news*.
- Let us know how we can support you in your CLP role.
- Let us know when your e-mail address has changed so we can keep our records up to date and you won't miss any important communications.

Be a Part of NewsCLiPs

NewsCLiPs is a newsletter especially for you. We would love to hear how it is going in your role. Whether you are a new CLP or a seasoned CLP, we can all learn from each other's experiences. Please tell us about your experience as a CLP at your program. Are you engaged in a quality improvement initiative? Has your program just been accredited or received commendation? We want to hear from you. E-mail us at ***clp@facs.org.***

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