ACS Cancer Conference 2025

March 12–14 | Phoenix, AZ

Value of Commission on Cancer Hospital Accreditation

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Clinical Scholar, Cancer Programs

March 13, 2025

ACS Cancer Programs

American College of Surgeons

Agenda

- Hospital level benefits from accreditation
  - National Cancer Database (NCDB)
  - Cancer Quality Improvement Program (CQIP)
  - National Quality Improvement (QI) Collaboratives
- CoC accreditation increases high quality care and outcomes
- CoC accreditation improves cancer care for vulnerable populations
- Value of member organizations

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Hospital-Level Benefits from Accreditation

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National Cancer Database (NCDB)

- Hospital based cancer registry
- Jointly sponsored by the American College of Surgeons and American Cancer Society
- Track patients with cancer, their treatment, and outcomes
- Represents **74%** of cancer cases nationally

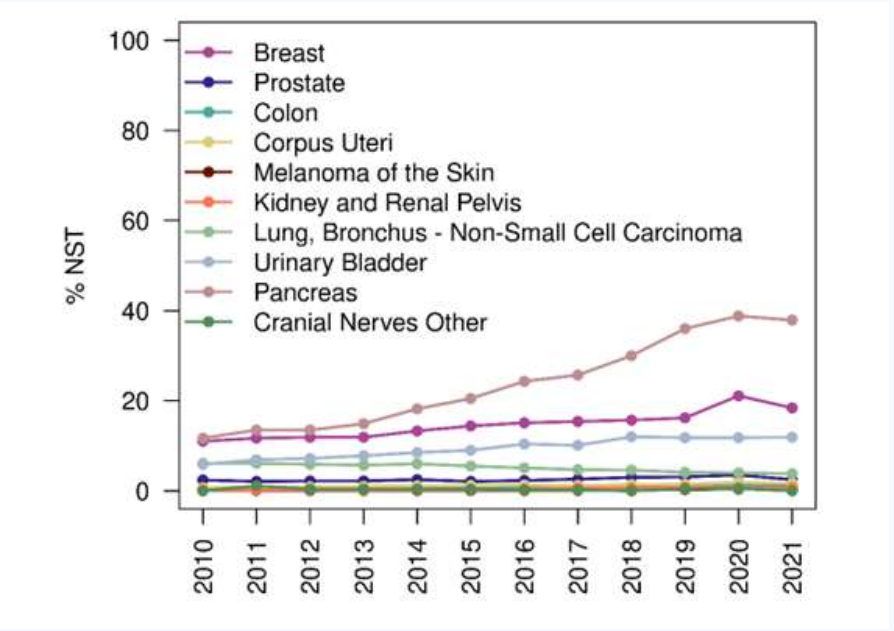
Quality Assessment of the NCDB

- Assessment of NCDB against registry Bray and Parkin framework
- The NCDB is characterized by:
  - High case level completeness
  - Comparability with data collection standards
  - Timely data submission
  - Compliance with validity standards

Palis BE, Janczewski LM, Browner AE, et al. The National Cancer Database Conforms to the Standardized Framework for Registry and Data Quality. *Ann Surg Oncol*. 2024;31(9):5546-5559. doi:10.1245/s10434-024-15393-8

NCDB Annual Report

- Participant user files (PUFs) as data resource for CoC-accredited programs
- Report describing 2021 adult PUF and PUFs for:
  - Breast
  - Colon
  - Pancreas



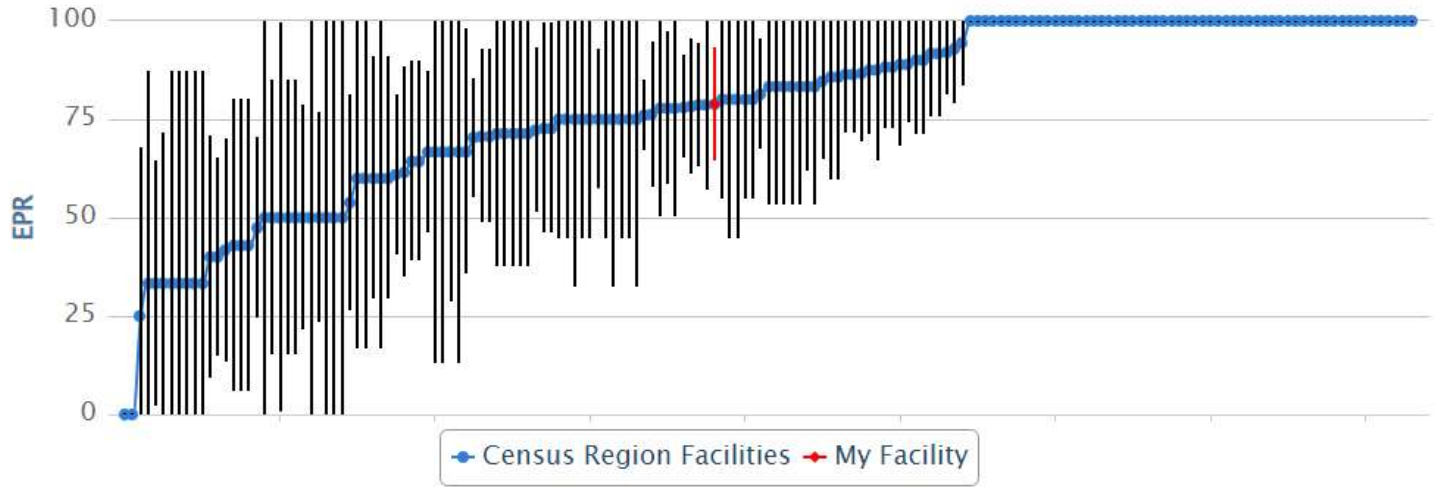
Habermann EB, Day CN, Palis BE, et al. American College of Surgeons Cancer Program Annual Report from 2021 Participant User File. *J Am Coll Surg*. 2025;240(1):95-110. doi:10.1097/XCS.0000000000001214

Cancer Quality Improvement Program (CQIP)

- Confidential reports to individual data to CoC-accredited hospitals
  - Comparisons with national data from all CoC-accredited programs
- Provides data on:
  - Compliance with CoC-adopted quality measures
    - Undergo rigorous vetting and refinement
  - Volume data for complex surgical oncology operations
    - 30-day and 90-day mortality
  - Unadjusted and risk-adjusted survival data for selected cancer sites
  - Other clinical data and administrative data

Boffa DJ, Lum SS, Palis B, et al. Renovating the Commission on Cancer's Quality Measure Portfolio. *Ann Surg*. 2024;280(2):193-198. doi:10.1097/SLA.0000000000006281

Colon, 2022, ACT: Adjuvant chemotherapy within 120 days of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer



	My Program	My State	My Census Region	My ACS Region	My CoC Program Type	All CoC Programs
Performance Rate	78.8 %	84 %	78 %	77.8 %	83.9 %	83.1 %
Denominator	33	213	1227	1241	3432	11036
95 % CI	(64.8,92.7)	(79.1,89.0)	(75.7,80.3)	(75.4,80.1)	(82.7,85.2)	(82.4,83.8)

For patients under the age of 80 with surgically-managed pathologic stage III colon cancer (N>0), adjuvant chemotherapy is initiated within 4 months (120 days) of diagnosis, or recommended. (RCRS data as of 9/28/2024)

National QI Collaborative Goals

- Assist programs in **identifying modifiable root causes** of gaps in cancer care
- Develop methods to **monitor and analyze data**
- **Systematic**, data-driven approach to QI projects
- **Multidisciplinary collaboration**
- **Peer-to-peer** learning
- Identify and implement **successful and sustainable** solutions

- Develop **transferrable QI skills** for other local QI projects

National QI Collaboratives

- Return to Screening
  - 70,000 additional cancer screenings a month
- Just/Beyond Ask
  - Increased smoking cessation ask rate to 97%
  - Increased assist rate by over 20%
- Breaking Barriers
  - Missed radiotherapy appointments from 8.3% → 5.0%
- **Standard 5.8 Lung NODES**
  - Median program level compliance from 65% → 91%
- **Genetics Access Pilot**

Cancer QI Programs | Ahttps://www.facs.org/quality-programs/cancer-programs/cancer-qi-programs/CS

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Coc-Accreditation Increases High-Quality Care and Outcomes

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Journal of Surgical Oncology 2014;110:611–615

The Role of the American College of Surgeons' Cancer Program Accreditation in Influencing Oncologic Outcomes

ALLISON C. KNUTSON, CCRP,[1] ERICA J. MCNAMARA, MPH, MM,[1] DANIEL P. MCKELLAR, MD, FACS,[2] CARY S. KAUFMAN, MD, FACS,[3] AND DAVID P. WINCHESTER, MD, FACS[1]*

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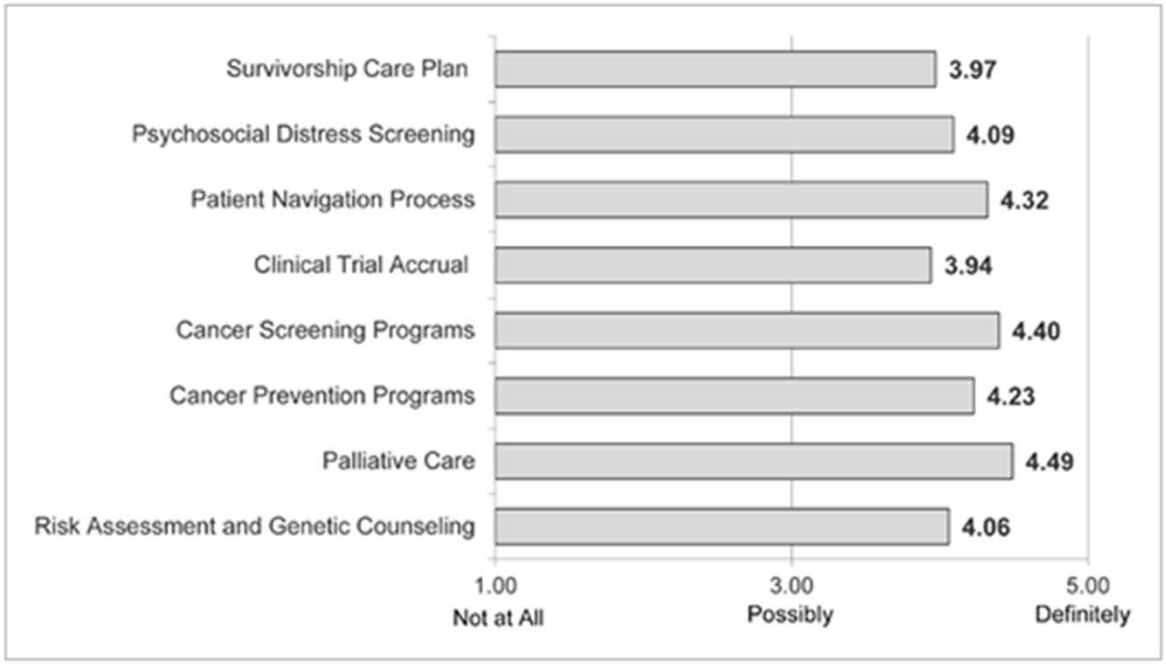
[2]Wayne Healthcare, Greenville, Ohio
[3]University of Washington, Bellingham Regional Breast Center, Bellingham, Washington

Knutson AC, McNamara EJ, McKellar DP, Kaufman CS, Winchester DP. The role of the American College of Surgeons' cancer program accreditation in influencing oncologic outcomes. *J Surg Oncol*. 2014;110(5):611-615. doi:10.1002/jso.23680

Study Design

- Two 15-item questionnaires (CoC and NAPBC specific)
  - 790 CoC respondents (52.2%)
- Data from Cancer Practice Program Profile Report on compliance with quality measures from 2005 to 2011
- Objective: Explore members of CoC and NAPBC accredited facilities' beliefs and perceptions regarding the importance of accreditation, and to evaluate possible correlations between standard compliance and improved patient care and oncologic outcomes.



Average direct impact rating of respondents for selected, Commission on Cancer-required healthcare services and programs on improving patient care and outcomes.

TABLE I. Reported Annual Compliance With National Quality Forum Endorsed Cancer Measures Over Time

Quality measure	2005 % (CI)	2007 % (CI)	2009 % (CI)	2011 % (CI)
Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer	85.0 (84.7, 85.3)	87.3 (87.0, 87.6)*	91.0 (90.8, 91.2)*	92.2 (92.0, 92.4)*
Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or Stage II or III hormone receptor positive breast cancer	72.2 (71.9, 72.5)	81.3 (81.0, 81.6)*	87.8 (87.6, 88.0)*	90.1 (89.9, 90.3)*
Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage II or III hormone receptor negative breast cancer	84.5 (83.9, 85.1)	88.2 (87.7, 88.7)*	90.7 (90.2, 91.2)*	92.6 (92.2, 93.0)*
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer	61.9 (61.4, 62.4)	78.2 (77.8, 78.6)*	84.9 (84.5, 85.3)*	87.8 (87.5, 88.1)*
Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer	86.6 (86.0, 87.2)	89.6 (89.1, 90.1)*	91.8 (91.3, 92.3)*	90.6 (90.0, 91.2)

Key Findings

- Over 90% of respondents believed accreditation improves patient care and outcomes
- Most common reasons for seeking or maintaining accreditation:
  - Validation of cancer program quality (77%)
  - Executive leadership decision (55%)
  - Access to NCDB and tools (36%)
- From 2005 to 2011, significant increases noted in quality measure compliance
  - Largest increase seen for colon cancer lymphadenectomy of 41.8%

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ORIGINAL RESEARCH

World Journal of Surgery

Association of commission on cancer accreditation with receipt of guideline-concordant care and survival among patients with colon cancer

Kelley Chan[1,2] | Bryan E. Palis[1] | Joseph H. Cotler[1] | Lauren M. Janczewski[1,3] | Ronald J. Weigel[1,4] | David J. Bentrem[3] | Clifford Y. Ko[1,5]

Chan K, Palis BE, Cotler JH, et al. Association of commission on cancer accreditation with receipt of guideline-concordant care and survival among patients with colon cancer. *World J Surg*. 2025;49(1):34-45. doi:10.1002/wjs.12391

Study Design

- Retrospective cohort study
  - National Program of Cancer Registries (NPCR) Database
- 222,583 patients with stage I-III colon or stage II-III rectal cancer
- Primary outcomes:
  - Receipt of lymphadenectomy, chemotherapy
  - 3-year cancer specific survival
- Objective: Evaluate the association of treatment at CoC-accredited hospitals, compared to non-CoC-accredited hospitals, with receipt of GCC and cancer-specific survival for patients with colon cancer on a national scale

Key Findings

- Patients with colon or rectal cancer at CoC-accredited hospitals:
  - Higher stage and grade of disease
  - More likely to receive cancer treatment
- Treatment at CoC-accredited hospitals was the strongest modifiable predictor for receipt of guideline concordant treatment
- Cancer-specific mortality risk was decreased for patients at CoC-accredited hospitals

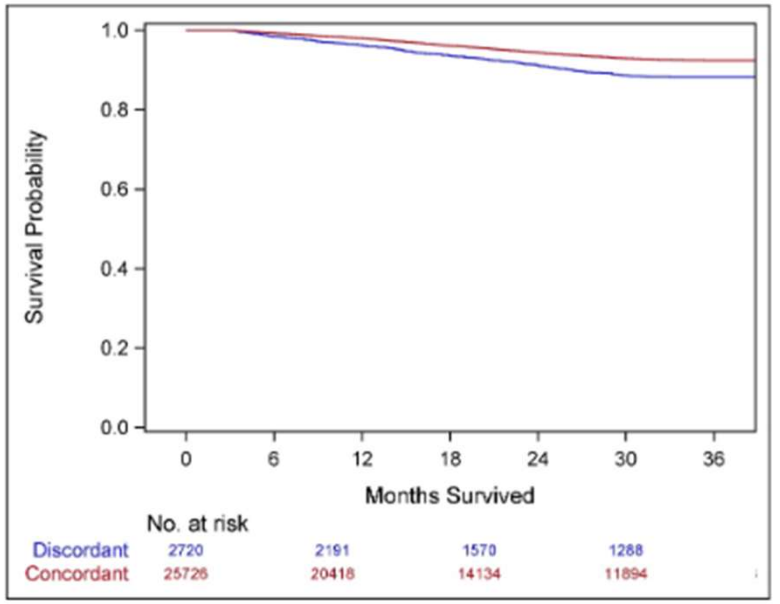

FIGURE 1 3-year cancer-specific survival among patients with stage I–II colon cancer diagnosed in 2018 by receipt of guideline concordant lymphadenectomy (Logrank $p < 0.001$,

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CoC-Accreditation Improves Cancer Care for Vulnerable Populations

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Journal of the American College of Surgeons

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Social Vulnerability and Receipt of Guideline-Concordant Care among Patients with Colorectal Cancer

Kelley Chan, MD, MS, Bryan E Palis, MA, Joseph H Cotler, PhD, Lauren M Janczewski, MD, MS, Ronald J Weigel, MD, FACS, PhD, MBA, Clifford Y Ko, MD, FACS, MS, MSHS, David J Bentrem, MD, FACS, MS

Chan K, Palis BE, Cotler JH, et al. Social Vulnerability and Receipt of Guideline-Concordant Care among Patients with Colorectal Cancer. *J Am Coll Surg*. 2025;240(2):167-178. doi:10.1097/XCS.0000000000001193

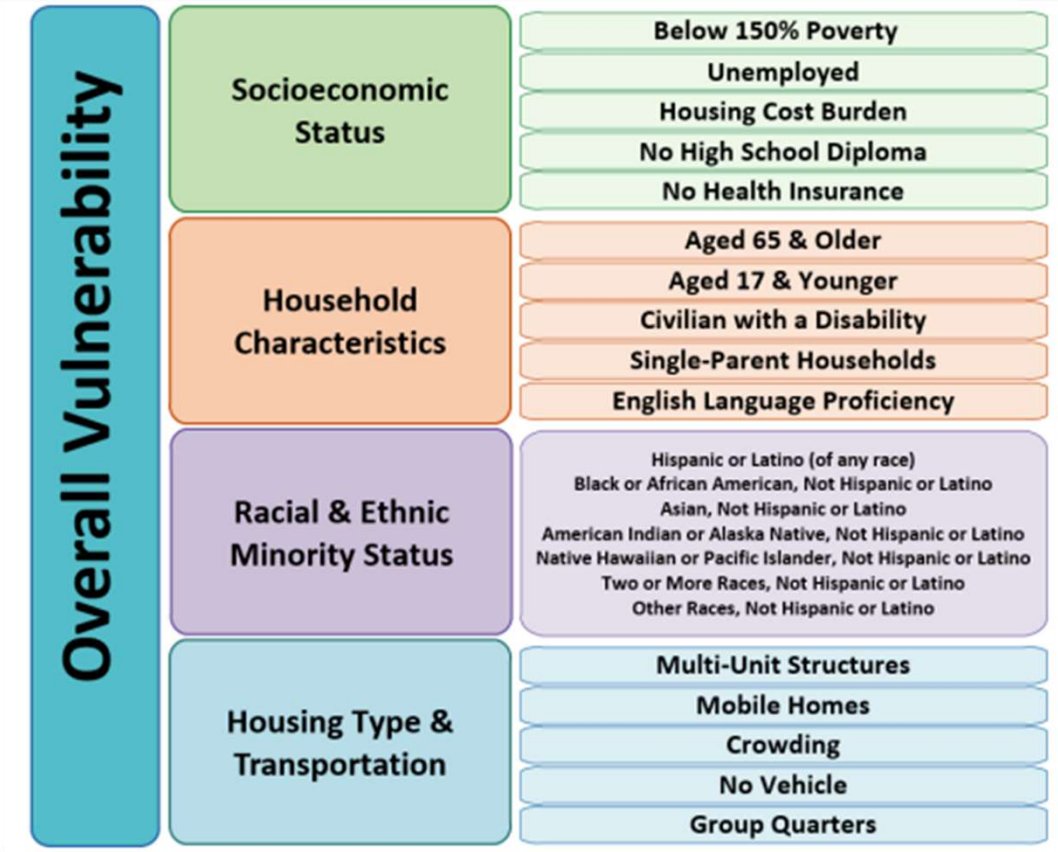
Study Design

- Retrospective cohort study
  - National Program of Cancer Registries (NPCR) Database
- 124,960 patients with stage I-III colon or stage II-III rectal cancer
- 2020 CDC Social Vulnerability Index (SVI) at the county level
- Primary outcomes:
  - Receipt of lymphadenectomy, chemotherapy
  - 3-year cancer specific survival

- Objective: Evaluate the association of treatment at CoC-accredited hospitals, compared to non-CoC-accredited hospitals, with receipt of GCC and cancer-specific survival for patients with colon cancer on a national scale

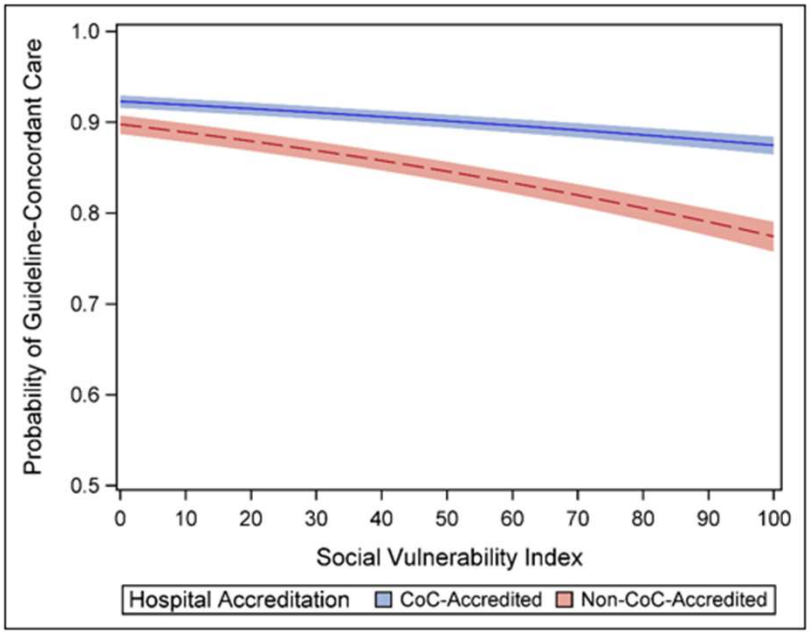
Social Vulnerability Index

- SVI ranges from 0 to 100
  - 0 indicates least vulnerable
  - 100 indicates most vulnerable
- Evaluated as continuous and categorical (quartiles)
  - Lowest quartile as low vulnerability
  - Middle 2 quartiles as average vulnerability
  - Highest quartile as high vulnerability



Key Findings

- Receipt of appropriate care was lower for patients from highly vulnerable communities
- As SVI increased, treatment at CoC-accredited hospitals was associated with increased likelihood of guideline concordant care
- CoC-accreditation was associated with decreased mortality risk for high SVI



* Adjusted for Social Vulnerability Index, age, race and ethnicity, insurance status, rural/urban location, stage, and hospital accreditation.

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Value of Member Organizations

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The value of multidisciplinary care

1950s
American Cancer Society, 1953
American College of Physicians, 1953
American College of Radiology, 1953
College of American Pathologists, 1953
1960s
Department of Veterans Affairs/Veterans Health, 1961
American Medical Association, 1966
American Academy of Pediatrics, 1967
1970s
American Association for Cancer Education, 1976
Association of Community Cancer Centers, 1976
National Cancer Registrars Association, 1976
Society of Surgical Oncology, 1976
American Hospital Association, 1978
American Society of Radiation Oncology, 1979
Association of American Cancer Institutes, 1979
1980s
National Cancer Institute Healthcare Delivery Research Program, 1982
National Cancer Institute Surveillance, Epidemiology, and End Results Program, 1982
Oncology Nursing Society, 1982
American Urological Association, 1986
Society of Gynecologic Oncology, 1989

1990s
American Joint Committee on Cancer, 1990
American Pediatric Surgical Association, 1991
American Society of Colon and Rectal Surgeons, 1991
Department of Defense Military Health System, 1991
American Society of Clinical Oncology, 1992
Centers for Disease Control and Prevention, 1994
Academy of Nutrition and Dietetics, Oncology Nutrition Group, 1995
Association of Cancer Executives, 1995
The Society of Thoracic Surgeons, 1995
American Academy of Hospice and Palliative Medicine, 1996
National Surgical Adjuvant Breast and Bowel Project, 1996
North American Association of Central Cancer Registries, 1996
American Head and Neck Society, 1998
American Psychosocial Oncology Society, 1999
2000s
Association of Oncology Social Work, 2003
American Society of Breast Surgeons, 2004
National Society of Genetic Counselors, 2004
Young Fellows Association American College of Surgeons, 2004
National Comprehensive Cancer Network, 2005
National Consortium of Breast Centers, 2006
Society of Nuclear Medicine and Molecular Imaging, 2006
American Radium Society, 2008
Resident and Associate Society American College of Surgeons, 2008

2010s
Cancer Support Community, 2010
National Coalition for Cancer Survivorship, 2010
Alliance Cancer Research Program (ALLIANCE), 2011
Hematology/Oncology Pharmacy Association, 2011
National Accreditation Program for Breast Centers, 2011
American Society of Plastic Surgeons, 2012
American Physical Therapy Association, 2013
Community Oncology Alliance, 2013
American College of Medical Genetics and Genomics, 2014
Academy of Oncology Nurse and Patient Navigators, 2015
Society for Immunotherapy of Cancer, 2015
American Association of Endocrine Surgeons, 2018
American Association of Pathologists' Assistants, 2018
Society for Immunotherapy of Cancer, 2018
American Academy of Physical Medicine & Rehabilitation, 2019
2020s
Academic Consortium for Integrative Medicine and Health, 2020
Advanced Practitioner Society of Hematology and Oncology, 2020
Society of Urologic Oncology, 2021

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Commission on Cancer: One Hundred Years, Past and Future | ACS

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Thank you!

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